

University of Warwick institutional repository: <http://go.warwick.ac.uk/wrap>

A Thesis Submitted for the Degree of DClínPsych at the University of Warwick

<http://go.warwick.ac.uk/wrap/2709>

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it. Our policy information is available from the repository home page.

Unique Experiences of Being Gay and Being a Gay Father

Kenneth Marshall McFadyen

A thesis submitted in partial fulfilment of the requirements for the degree of
Doctor of Clinical Psychology

Coventry University, Faculty of Health and Life Sciences and
University of Warwick, Department of Psychology,
May 2006.

Table Of Contents

Table Of Contents.....	2
List of tables figures and abbreviations	4
Acknowledgements.....	5
Declaration.....	6
Summary.....	7
 Chapter One	 9
Abstract.....	10
Introduction.....	11
Homosexual identity development	11
‘Coming out’ and disclosing.....	12
Literature Search Strategies.....	14
Results & Discussion.....	15
Intrapersonal factors	22
Interpersonal factors	28
Societal/environmental factors	34
Summary.....	37
Methodological Concerns & Future Research.....	38
Clinical Implications.....	42
Personal Reflections	45
References.....	47
 Chapter Two	 53
Abstract.....	54
Introduction.....	55
Method.....	60
Design	60
Participants	60
Interview schedule	62
Procedure	62
Coding process.....	63
The researcher.....	64
Analysis	65
Self realisation	65
Self to surface authenticity	66
Process of disclosure to children	67
Perceived effect on the child.....	71
Effect on the father	75
Father/Child relationship	77
Impact of important others.....	78
Discussion.....	82
Clinical implications.....	83
Limitations and future research	85
Personal reflections.....	86
References.....	89

Chapter Three	94
Abstract.....	95
Introduction.....	96
Method.....	98
Design.....	98
Participant.....	98
Interview schedule.....	98
Procedure.....	99
Coding process.....	99
Analysis.....	101
Discussion.....	111
Clinical and research implications.....	112
Limitations of the study.....	113
Personal reflections.....	114
References.....	115
 Chapter Four	 118
Reflections on Reparative Therapy.....	119
My story.....	119
My reflections.....	123
Reflecting on reflecting.....	128
References.....	129
 Appendices	 131
Appendix 1 – Instructions for authors: Journal of Reproductive & Infant Psychology.....	132
Appendix 2 – Instructions for authors: Journal of Homosexuality.....	135
Appendix 3 - Interview schedule for chapter 2.....	139
Appendix 4 – Example of interview transcripts.....	141
Appendix 5 – Example of interview transcript with annotations – chapter 2.....	147
Appendix 6 – Example of emergent themes list.....	148
Appendix 7 – Example of how emergent themes were clustered to become superordinate themes – chapter 2.....	150
Appendix 8 – Evidence of research ethics committee approval.....	152
Appendix 9 – Participants Information Leaflet – Chapter 2.....	154
Appendix 10 – Consent Form – Chapter 2.....	158
Appendix 11 - Interview Schedule for chapter 3.....	160
Appendix 12 - Example of interview transcript – Chapter 3.....	162
Appendix 13 – Participant Information Leaflet – Chapter 3.....	166
Appendix 14 – Consent Form – Chapter 3.....	170

List of tables figures and abbreviations

<u>Tables</u>	Page
1. Studies identifying factors that assist disclosure	16
2. Studies identifying factors that impede disclosure	19
3. Intrapersonal factors that assist or impede disclosure	22
4. Interpersonal factors that assist or impede disclosure	28
5. Societal/environmental factors that assist or impede disclosure	34
6. Participants demographic details	61
7. Stages of analysis and emergent themes	101

Figures

1. Father's disclosure model	81
------------------------------	----

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
DI	Donor Insemination
GL	Gay, Lesbian
HIV	Human Immunodeficiency Virus
IPA	Interpretative Phenomenological Analysis
LGB	Lesbian, Gay, Bisexual

Acknowledgements

My first and foremost gratitude must be expressed to my life-partner Ian, without whom I would have been unable to begin this doctorate programme let alone complete it. His belief that a person should strive to achieve to the level of their abilities encouraged me to change career path at a later stage in life. He has shown consistent faith in my academic abilities and has spent many hours proof reading my work. My thanks also go to my children, Marshall and Eden, who at times had to be extra patient when the demands of the course meant spending less time with them. I hope to be able to make it up to them for many years to come. Dr David Giles and Mrs Jacky Knibbs helped me to develop my ideas for this thesis and provided valuable feedback and guidance throughout the entire research process. They both gave of their time to advise on the analysis of the data and on write-up, even when this was logistically difficult, for this I thank them. Sincere thanks also to the fathers who took part in this research project and shared with me very personal information from a stressful time in their lives. I hope this work will make it easier for fathers to disclosure their homosexuality in the future and with successful outcomes. I would also like to thank my peer group who provided much support and many laughs over the last three years. They have helped me to look at myself differently and have encouraged me to develop the better parts of myself.

Declaration

This thesis was carried out under the supervision of Mrs Jacky Knibbs and Dr David Giles who provided advice and feedback throughout the research process. I carried out all of the interviews and this thesis is my own work. Authorship of any papers from this work will be shared with the above. The thesis has not been submitted for a degree to any other university. The brief paper has been prepared for submission to the Journal of Reproductive and Infant Psychology (McFadyen, Knibbs & Giles), the literature review and main paper have been prepared for submission to the Journal of Homosexuality (McFadyen, Knibbs & Giles) and the reflective paper is being prepared for submission to the Clinical Psychology Forum (McFadyen).

Summary

The aim of this research was to examine experiences that might be considered unique to being gay and being a gay father. Work carried out in this field is scarce and it is hoped that publications from this thesis will add to the body of knowledge related to fathering amongst this population. The first chapter of this thesis examines the factors that assist and impede disclosure of homosexuality. Factors have been divided into intrapersonal, interpersonal and societal/environmental categories for convenience of reporting. However, it is recognised that these factors do not exist in isolation of each other.

The second chapter investigates the experience of gay fathers who have disclosed their homosexuality to their children. Analysis of interviews carried out with gay fathers suggests a model of disclosure where fathers achieve a realisation of their homosexuality followed by a desire to be honest about it. Fathers then disclosed their sexuality to their children. The effects on the child, on the father and on the father/child relationship are discussed. The impact of supportive others who are important in the lives of the father and children seem to be paramount to a successful outcome. Clinical implications of this study are discussed along with the study's limitations and ideas for future research.

The third chapter examines the experience of a gay man who became a father via donor insemination. Salient factors related to this method of fathering, being gay, and being later contacted by the child are discussed.

The final chapter contains the authors' reflections on a personal experience that impeded disclosure of his own homosexuality. The author entered reparative therapy holding the belief that he did not want to be gay. Following therapy failure, the author reached a position of self acceptance. Implications for clinicians are discussed.

Chapter One

Disclosure of homosexuality: A review of
intrapersonal, interpersonal and
societal/environmental factors.

Abstract

This review examines the current literature centring on the factors that assist and impede individuals to disclose their homosexuality. Appropriate search terms were entered into PsychInfo, PsychArticles and Medline databases. Relevant papers were then selected for review. Factors were then categorised into intrapersonal, interpersonal and societal/environmental factors. Methodological concerns are discussed, as are ideas for future research. The paper concludes with clinical implications of this review.

Key Words: Homosexuality, disclosure, intrapersonal, interpersonal, societal.

Introduction

Homosexual Identity Development

Disclosing that one is lesbian, gay or bisexual (LGB) has been defined as a person acknowledging to oneself and others that his or her sexual orientation is alternative to assumed heterosexuality (Martin, 1991; Johnston & Jenkins, 2004). In order to disclose as LGB, one must first come to a realisation of this. The term identity has been defined as ‘who a person is, or the qualities of a person or group which make them different from others’, (Cambridge Advanced Learners Dictionary, 2005). A sexual identity is only one component part that forms a person’s global identity that can also include political, religious and occupational identities among others (Konik & Stewart, 2004). One of the most influential models of LGB identity development was proposed by Cass (1979). Cass deduced a six stage theory of how one develops a LGB identity: identity confusion, characterised by an awareness of being different to peers; identity comparison, where an individual thinks they may be homosexual; identity tolerance, when the individual knows they are homosexual; identity acceptance, characterised by active exploration of the gay community; identity pride, when the individual becomes a member of the gay community; and, identity synthesis, when the individual accepts them self and others. In Cass’s model, disclosure to oneself takes place at the end of stage three, and to others during stage five. Other theorists have also proposed models that are sequential in nature (for many critiqued examples see Eliason, 1996).

However, sexual identity is more than merely the direction of attraction. Yarhouse et al. (2005) described sexual identity as encompassing biological sex, gender identity (identification as male or female), sex role (society expectations for biological sex), sexual orientation (direction and persistence of sexual attraction) and intention or valiative framework (intended action about sexual attraction whilst taking into account beliefs and values). Hence, a homosexual orientation is only one part of a homosexual identity. Yarhouse et al. (2005) point out that although there has been a societal shift from using the term homosexual to gay, that this is essentially a shift from orientation to identity and should not be considered to be one and the same. It is worth stating that not all homosexually orientated individuals will strive to achieve a homosexual identity as it may be unwanted or conflict with other held beliefs.

‘Coming out’ and disclosing

In common parlance, when related to disclosing ones LGB orientation or identity, the terms ‘coming out’ and disclosure seem to be used interchangeably. However, disclosure is seen as only one pivotal part of the ‘coming out’ process (Floyd & Stein, 2002). ‘Coming out’ may be considered as a one off event, whereas disclosure needs to take place time and again and involves a weighing up of the potential costs and benefits, gains and losses (Schope, 2002). An LGB individual must choose whether to disclose to friends, family, work colleagues and strangers and must calculate disclosing decisions when each new person is introduced. Miscalculation can lead to rejection, abuse and even instigate suicide (D’Augelli et al., 2001). In most situations LGB individuals continually need to vary their behaviour and information conveyed based on who knows what

(Harry, 1993). Continually managing information and self monitoring can invoke a significant level of stress. Taking this into account, it is no surprise that there are extensive associations between homosexuality and high levels of stress, guilt, low self-esteem, shame, stigma, substance abuse, and anxiety (D'Augelli et al., 2001; Meyer, 2003; Johnston & Jenkins, 2004; Yarhouse et al., 2005). In addition, specific acts of disclosure are associated with the considerable strain of living a double life (Munt et al., 2002), living in fear that someone will tell (Savin-Williams & Ream, 2003) and a high emotional toll because of knowingly deceiving loved ones (Boon & Miller (1999). Further, Yarhouse et al. (2005) report that some individuals chose to disclose as a way of avoiding a psychological crisis, implying that participants perceive that not disclosing will lead to this.

Motivations for and against disclosure are rarely cited in empirical literature (Savin-Williams & Ream, 2003) and to date there has yet to be a review that has captured and systematised the information from the small amount of research carried out. This current review of the literature seeks to redress this issue and will focus on factors that assist and impede disclosure.

Literature Search Strategies

To review the literature relevant to factors that assist and factors that impede disclosing sexual identity to others, specific search terms were entered into the PsychINFO, PsychARTICLES and MEDline databases. The following specific search terms were used and searched by abstract and title field; *sexual orientation* combined with *disclosure*, *sexual orientation* combined with *self-disclosure*, *homosexuality* combined with *disclosure*, *homosexuality* combined with *self-disclosure*, and 'coming out'. In addition the terms *sexual identity development*, *sexual identity formation*, *sexual orientation* combined with *disclosure*, *sexual orientation* combined with *self-disclosure*, and *homosexuality* combined with *self-disclosure* were used to search under the document descriptor category. Returns were selected on the basis that they had been published in a journal reviewed by peers. These search results were then examined for particular relevance. During this period a high number of studies were rejected on the basis that they were not directly relevant or because they were theoretical or other literature reviews. Others were rejected because it was unclear whether disclosure to another person took place or whether variables investigated were related to disclosure or the development of a homosexual identity.

Further to the above online searching and sifting exercise, a small amount of literature was found via references within papers obtained from the first search strategy. These additional papers were checked for further relevant literature. This process was repeated until no new literature came to light.

Results & Discussion

Twenty one papers were selected for review. Table one (overleaf) lists demographic details, factors investigated and factors that have been identified that assist disclosure of homosexuality in twenty papers. Table two lists similar in fifteen studies where factors have been identified that impede disclosure.

Table 1: Studies identifying factors that assist disclosure

Study	m/f	Age	Orientation	N	Methodology	Factors Investigated	Findings
Yarhouse et al. 2005	m+f	38.9	LGB	28	Constant comparison qualitative methodology	Hindrances and facilitators of identifying and dis-identifying as LGB.	Current same-sex relationship. Realising a lifestyle that met their physical and sexual needs. Met other people in the lifestyle. Engaging in same-sex behaviour. Being on the verge of a psychological crisis.
Ben-Ari 1995	m+f	32.7	LGB	32	Quantitative and qualitative	Privacy and intimacy in the family dynamics in 'coming out'.	Not to hide. Not to live a lie. To share their lives with their parents.
Evans & Broido 1999	m+f	nk	LGB	20	Qualitative	Influence of the college environment on student's 'coming out'.	Not having to hide conversations, feelings. Visibility of gay symbols on others. Being around supportive people. Role models in the environment. Perceiving an overall supportive environment. Tired of hiding. Wanting more honest relationships. Attending a pride rally. Dating someone. Having LGB friends. Moving to a different institution. Being pressure by heterosexual friends Having a valued heterosexual friend who would be supportive.
Savin-Williams & Ream 2003	m+f	21.2	LGB	164	Qualitative interview followed by statistical analysis	Whether to disclose same-sex attraction to parents.	Close, share my life. Obligation to disclose, a feeling of the right time, to get it over with. Parents asking. Fearful that another person would tell. In anger. To get support.
Wells & Kline 2001	m+f	25.4	LGB	40	Open ended questionnaire	How, when and why disclosure takes place.	Self-affirmation. Development of a relationship. Selecting approving people. Trusted others. Need to be oneself. Affirmed by supportive others. To help educate heterosexuals of gay issues.
Schope 2002	m	40	G	443	Self report questionnaire	Variables affecting disclosure.	Low current religiosity. In younger group, low parent religiosity. Being in an urban area.

Table 1 continued.

Study	m/f	Age	Orientation	N	Methodology	Factors Investigated	Findings
Munt et al. 2002	f	nk	LB	66	Narrative theory	'coming out' within an online lesbian community.	Define firmly, safely and securely the boundaries of self-hood. Seen as part of a journey to be undertaken. Necessary for generating self-esteem and respect. A list of things to prepare e.g. a place to stay, a supportive friend. For peace of mind. Not living a double life.
Price 2001	f	nk	B	1	Single Case	Not investigative.	To gain acceptance from and include parents meaningfully in adult life. Not wanting choice of partner to be influenced by negative parental or societal attitudes. Unable to succeed as a therapist.
Johnston & Jenkins 2004	nk	31-60	nk	30	Qualitative open coding	Psychosocial issues faced by gay men and lesbians who come out during midlife.	'coming out' to educated friends. Receiver known to be gay. Prayer and other spiritual tools. Having courage. Inability to live a lie. Meeting other gay people. Building a social support network. Overcoming a feeling of stagnation. Safeguard of mental health. Supportive therapy. Internet chatroom support. Books and bibliotherapy.
Galatzer-Levy & Cohler 2002	m+f	nk	nk	nk	Single case reports	Psychodynamics and 'coming out' in social context.	Generational changes to freedom to express same sex desire. Landmark birthday. Nagging desire for intimacy with men. Another step to maintain friendship closeness.
Bhugra 1997	m+f	16-61	GB	52	Questionnaire and interview	Exploration of the 'coming out' process among gay men originating from South Asia in the UK.	
Smith et al. 1998	m	18-55	GB	39	Grounded Theory	Correlations of male homosexuality with femininity and heterosexuality with masculinity.	Dissonance created from self-authenticity and surface authenticity. To have control over who knew. Defiance of external controls.
Waldner & Magruder 1999	m+f	17	GL	172	Questionnaire	How family relations, resources and identity expression predict disclosure.	High levels of identity expression. Pro LGB resources. Family relations but only indirectly through identity expression and support.

Table 1 continued.

Study	m/f	Age	Orientation	N	Methodology	Factors Investigated	Findings
Boon & Miller 1999	m	nk	GB	49	Qualitative – open coding.	Trust, and reasons for disclosing sexuality to mothers.	Desire to be honest. Wanting to be true to identity. Concern over the relationship – emotional toll of secrecy. Relationship warm and trusting. Live life freely. Enhance relationships. Mothers suspicion led to conversation. Pursuit to be trusted.
Kahn 1991	f	Nk	L	81	Questionnaire quantitative analysis	Factors affecting the ‘coming out’ process for lesbians.	Feminists orientation correlates with expectation of acceptance of disclosure. Lower levels of internalised homophobia correlate with comfort disclosing. Experience of less intergenerational intimidation correlates with more open behaviour and expectation of a positive reaction. Slow progress through stages of development.
Griffiths & Hebl 2002	m+f	39	LG	379	Questionnaire quantitative analysis	Factors affecting disclosure at work.	Gay supportive organisations. High levels of self acceptance. Out to friends. Gay friendly policies.
Rostosky & Riggle 2002	m+f	36	LG	261	Questionnaire quantitative analysis	Predictors of workplace disclosure.	Individual factors: Less internalised homophobia in self and partner Work Factors: Non discrimination policies for self and partner.
Savin-1989	m+f	14-23	LG	293	Questionnaire quantitative analysis	Significance that parents have in children ‘coming out’.	Females: Best predictor was a young maternal and paternal age and a satisfying relationship. Males: None
Mohr & Fassinger 2003	m+f	36.3	LGB	489	Questionnaire quantitative analysis	Attachment perspectives on being out when an adult.	Father LGB support direct predictor of outness. Mother support predictor of outness, but only when low in avoidance.
Franke & Leary 1991	m+f	55	LG	184	Multiple Regression Analysis	Whether self-acceptance or acceptance by other related more to disclosure.	Degree of openness related to how respondents thought others evaluated their sexuality.

Key: m=male, f=female, nk=not known, L=lesbian, G=gay, B=bisexual

Table 2: *Studies identifying factors that impede disclosure*

Study	m/f	Age	Orientation	N	Methodology	Factors Investigated	Findings
Yarhouse et al. 2005	m+f	38.9	LGB	28	Constant comparison qualitative methodology	Hindrances and facilitators of identifying and dis-identifying as LGB.	Stigma and shame of homosexuality. Family relationships. Peer influence. Fear of rejection by church or God. Sexual abuse.
Ben-Ari 1995	m+f	32.7	LGB	32	Quantitative and qualitative	Privacy and intimacy in the family dynamics in 'coming out'.	Irreversible nature of disclosure. Fear of rejection.
Evans & Broido 1999	m+f	nk	LGB	20	Qualitative	Influence of the college environment on student's 'coming out'.	Risk perceived. Risk of physical threat from room mate. Pressure for bisexuals to make a choice. Lack of community. Lack of support. Active hostility.
Savin-Williams & Ream 2003	m+f	21.2	LGB	164	Qualitative interview followed by statistical analysis	Whether to disclose same-sex attraction to parents.	Disapproval on religious or ethnic grounds. Not close, so doesn't matter. Fear of negative reaction, cut off financial aid. Not the right time as would hurt relationship. Not bothered to, wanted to, found a reason to. Negative evaluation from parent, hurt or disappoint parent.
Wells & Kline 2001	m+f	25.4	LGB	40	Open ended questionnaire	How, when and why disclosure takes place.	Risk of loss of emotional or career investment. Psychological damage from rejection.
Schope 2002	m	40	G	443	Self report questionnaire	Variables affecting disclosure.	High levels of religiosity. In younger group, high religiosity in parents. Living in a suburban area.
Munt et al.2002	f	nk	LB	66	Narrative Theory	'coming out' within an online lesbian community.	Not making life more complicated than it already is. Sexuality is constructed as a private preference.
Galatzer-Levy & Cohler 2002	m+f	nk	nk	nk	Single case reports	Psychodynamics and 'coming out' in social context.	Concerns about disappointing family. Uncertain of family response.
Waldner & Magruder 1999	m+f	17	GL	172	Questionnaire	How family relations, resources and identity expression predict disclosure.	Less positive family relationships dilute positive effect of pro LGB resources and identity expression.
Kahn 1991	f	nk	L	81	Quantitative questionnaire analysis.	Factors affecting the 'coming out' process for lesbians.	Personal authority negative correlated with disclosure. Family intimacy increases risk of closure. Intergenerational intimidation. Fast progress through stages of development.

Table 2 continued.

Study	m/f	Age	Orientation	N	Methodology	Factors Investigated	Findings
Johnston & Jenkins 2004	nk	31-60	nk	30	Qualitative open coding	Psychosocial issues faced by gay men and lesbians who come out during midlife.	Viewing 'coming out' as a selfish act. Feelings of guilt and shame. Fear of changing role as parent. Fear of changing relationship with spouse, parent, friend. Fear of hurting people close to them. Fear of loss of job, respect and privilege. Fear of being judged. Collegiate support networks becoming strained and unequal. Loss of rights to see children. Loss of relationship with children. Feared loss of friends and colleagues. Feared loss of sibling/parent relationships (more likely when religious). Religion contributing to guilt, shame and low self-esteem. Religion based therapy.
Smith et al. 1998	m	18-55	GB	39	Grounded Theory	Correlations of male homosexuality with femininity and heterosexuality with masculinity.	Response in presumption to demand for heterosexuality. Not wanting to publicly identify as homosexual. Maintain a perceptual boundary between homosexual and other activities. Fear of rejection. Fear of a change in peoples perceptions of you. Fear of physical violence.
Boon & Miller 1999	m	nk	GB	49	Qualitative – open coding.	Trust, and reasons for disclosing sexuality to mothers.	Pessimistic expectation of reaction because old fashioned and conservative. Financial retribution. Disapproval and disappointment. Uncertainty. Avoid burdening and upsetting. Not ready to commit to gay identity. Doesn't need to know. Emotionally distant relationship.
Mohr & Fassinger 2003	m+f	36.3	LGB	489	Questionnaire quantitative analysis	Attachment perspectives on being out when an adult.	Avoidant (low willingness to rely on and trust others).
D'Augelli 2003	m	nk	G	1	Narrative recall	Not investigative.	Fear of loss of job.

Key: m=male, f=female, nk=not known, L=lesbain, G=gay, B=bisexual

On further analysis and for the purpose of discussion, the literature will be discussed under three categories; intrapersonal factors, interpersonal factors and societal/environmental factors. The three categories have been sub-categorised into assisting and impeding factors. Although the relevant literature has been categorised accordingly, it is possible that factors may exist across several categories. In addition, the variables discussed are in discrete categories, but they will inevitably interact.

Intrapersonal factors

Table 3: Intrapersonal factors that assist or impede disclosure

Intrapersonal Factors		
Factors that assist disclosure	Author(s)	Factors that impede disclosure
Self affirmation	Wells & Kline 2001	Stigma and shame
Define selfhood	Munt et al 2002	Loss of emotional investment
For self respect and esteem	Munt et al 2002	Psychological damage from rejection
Peace of mind	Munt et al 2002	To not make life more complicated
Seen as part of a journey	Munt et al 2002	Sexuality is private
Having physical and sexual needs met	Yarhouse et al 2005	Fear of rejection by God
To avoid a psychological crisis	Yarhouse 2005	Attribution of sexual abuse
Being true to self	Price 2001	Sexuality viewed as selfish
Pursuit to be trusted	Boon & Miller 1999	Guilt and shame
Emotional toll of secrecy	Boon & Miller 1999	Fear of being judged
Live life freely	Boon & Miller 1999	Maintain a perceptual boundary between homosexual and other activity
Overcome feeling of stagnation	Johnston & Jenkins 2004	Not wanting to publicly identify as homosexual
Safe guard mental health	Johnston & Jenkins 2004	Religion based therapy
Supportive therapy	Johnston & Jenkins 2004	
Prayer and other spiritual tools	Johnston & Jenkins 2004	

Table 3 continued

Intrapersonal Factors			
Factors that assist disclosure	Author(s)	Factors that impede disclosure	Author(s)
Having courage	Johnston & Jenkins 2004	High levels of religiosity	Schope 2002 Johnston & Jenkins 2004 (also associated with guilt, shame and low self-esteem)
Dissonance reduction	Smith et al 1998	Personal authority	Kahn 1991
Control over who knew	Smith et al 1998	Fast progress through stages of development	Kahn 1991
Low current religiosity	Schope 2002		
Landmark birthday	Galatzer-Levy & Cohler 2002		
High level of identity expression	Waldner & Magruder 1999		
High levels of self acceptance	Griffiths & Hebl 2002		
Feminist orientation	Kahn 1991		
Slow progress through developmental stages	Kahn 1991		
Lower levels of internalised homophobia	Kahn 1991 Rostosky & Riggle 2002 (in self and partner)		

Intrapersonal factors that assist people to disclosure

Many intrapersonal factors appear to be associated with disclosure of a gay, lesbian or bisexual sexuality.

Concept of self

Smith et al. (1998) suggested that a primary motive for disclosing amongst participants in their study was being congruent within oneself. This was coined as self to surface authenticity and was thought to reduce the dissonance felt from being inauthentic from within the self to the surface. A similar concept was alluded to by Price (2001) as being true to oneself. Making statements about the self was also evident in the study carried out by Munt et al. (2002) who examined and analysed the postings of 66 lesbians and bisexuals via an online forum. Munt et al. (2002) suggested that 'coming out' online was preparatory to 'coming out' offline because it allowed participants discuss sexuality issues in advance to offline disclosure. Additional findings suggested that individuals disclose their sexuality in an attempt to generate self respect and self-esteem and to have internal peace of mind. Similar intrapersonal factors were reported by Griffiths & Hebl (2002) which were related to disclosure in the workplace. They suggested that when individuals reported high levels of self acceptance, they were more likely to disclose.

In a study carried out by Wells and Kline (2001) who administered a survey to 23 gay men and 17 lesbians to investigate how, when and why disclosure took place, it was reported that self affirmation was a central reason for disclosure.

Emotional factors

Boon & Miller (1999) investigated internal reasons for disclosing sexuality to mothers and administered questionnaires to 49 gay men. Implications of living a constrained life was cited as reasons for disclosing because living life freely was of significant importance. Additionally, the emotional toll of living life in secrecy was a determining factor to disclosing, a similar finding to Yarhouse et al. (2005) who stated that participants disclosed as a way to avoid a psychological crisis. A mental health theme was again repeated by Johnston & Jenkins (2004) who carried out an exploratory study of thirty participants who had disclosed during mid-adulthood (aged 30-60 years). They identified six factors prominent in disclosing during that stage of life, five of which were negative. Johnston and Jenkins (2004) reported that 78% of gay men and lesbians engage in self destructive behaviours to cope with the knowledge that they are gay. Self destructive behaviours were also used to combat isolation, loneliness and depression. Overcoming a feeling of stagnation was a prominent theme as reasons to disclose. It was reported that suicidal ideation was described by almost all participants although exact figures were not quoted. Participants reported being unable to discuss emotions in adolescence and stated that this led them to feel emotionally stunted. Additionally, they expressed regret at not being able to experience what they termed a 'normal' adolescence and stated that they always had to be in control of their behaviour to safeguard the secret. Being in control was also reported in the study carried out by Smith et al. (1998) where participants reported disclosing so that they had control over who knew.

Religiosity

Other internal factors included religiosity. In a study carried out by Schope (2002) data was collected via gay organisations, ‘coming out’ groups and conservative and gay religious organisations in the mid west, USA. Participants were categorised by age, location and level of their own and their parent’s religiosity. The most prevalent intrapersonal factors that assisted disclosure was a low level of current religiosity, suggesting that individuals who were not religious found it easier to disclose. However, this seems to be contrary to the findings of Johnston and Jenkins (2004) who found that individuals who used prayer and other spiritual tools (not specifically identified) found that this assisted disclosure. They also found supportive therapy to be a facilitating factor.

Drive for sex

Physical sex was mentioned only in one study. Yarhouse et al. (2005) carried out a qualitative study investigating hindrances and facilitators of identification and dis-identification as LGB. The term identification incorporated public disclosure to someone of a LGB identity at some point during an individual’s life and as such this study was included in this review. Participants stated that having physical and sexual needs met was a decisive factor for identifying as LGB. Given that this was the only study to mention physical sex as a reason to identify as LGB, this would suggest that the distinction between orientation and sexual behaviour is an important one.

Intrapersonal factors that impede disclosure

Religiosity

Reports from the Wells & Kline study (2001) suggest considerable impeding factors to disclosing were that individuals are often fearful of loss of emotional investment and of psychological damage that may result from rejection. Religiosity seemed to play a large part in this. Yarhouse et al. (2005) reported that stigma and shame were prominent emotions in their findings and that fear of rejection by God was a prominent impeding factor to disclosure, a similar finding to that reported by Johnston & Jenkins (2004). Both these samples were recruited via religious organisations. Johnston & Jenkins (2004) also found that participants in their sample held beliefs that sexuality was selfish. In addition, they suggested that religion based therapy was detrimental and found that as well as impeding disclosure, religiosity was associated with feelings of guilt and low self-esteem (see also Schope, 2002).

Timing

Two studies found that not wanting to publicly identify as homosexual meant that individuals did not disclose their sexuality (Smith et al., 1998; Boon & Miller, 1999). Reasons for this included that the individuals were not yet ready to commit to a homosexual lifestyle.

Interpersonal factors

Table 4: Interpersonal factors that assist or impede disclosure

Interpersonal Factors			
Factors that assist disclosure	Author(s)	Factors that impede disclosure	Author(s)
Not to hide	Ben-Ari 1995 Evans & Broido 1999	Irreversibility of disclosure	Ben-Ari 1995
Living a lie/honesty/ need to be oneself/ not living a double life	Johnston & Jenkins 2004 Ben-Ari 1995 Evans & Broido 1999 Wells & Kline 2001 Munt et al 2002 Boon & Miller 1999	Peer influence	Yarhouse et al 2005
Pursuit to be trusted	Boon & Miller 1999	Fear of rejection	Ben-Ari 1995 Smith et al 1998
Close honest relationships with friends/parents	Ben-Ari 1995 Evans & Broido 1999 Savin-Williams & Ream 2003 Wells & Kline 2001 Price 2001 Bhugra 1997 Boon & Miller 1999	Change in perception of you	Smith et al 1998
Positive family relationships	Waldner & Magruder 1999 (but only when identity expression and support is high)	Risk perceived	Evans & Broido 1999
Obligation/pressure	Evans & Broido 1999 (from heterosexual friends) Savin-Williams & Ream 2003	Risk of physical threat	Evans & Broido 1999 Smith et al 1998
Drive for intimacy with men	Galatzer-Levy & Cohler 2002	Pressure to make a choice	Evans & Broido 1999 (for bisexual participants)
Fear someone else would tell	Savin-Williams & Ream 2003	Active hostility	Evans & Broido 1999

Table 4 continued

Interpersonal Factors			
Factors that assist disclosure	Author(s)	Factors that impede disclosure	Author(s)
Someone asking	Savin-Williams & Ream 2003 (parents) Boon & Miller 1999 (mother being suspicious)	Disapproval caused by religion or ethnicity	Savin-Williams & Ream 2003 Schope 2002 (in young disclosers)
In a trusting relationship	Wells & Kline 2001	Changing role as parent	Johnston & Jenkins 2004
Low parent religiosity	Schope 2002 (in younger people)	Changing relationship with significant others	Johnston & Jenkins 2004
Unrestricted choice of life partner	Price 2001 (from parents attitudes)	Fear of hurting people	Johnston & Jenkins 2004
Educated friends	Johnston & Jenkins 2004	Loss of rights to see children	Johnston & Jenkins 2004
Receiver is gay	Johnston & Jenkins 2004	Loss of relationship with children	Johnston & Jenkins 2004
Internet chatroom	Johnston & Jenkins 2004	Loss of friends and colleagues	Johnston & Jenkins 2004
Less intergenerational intimidation	Kahn 1991	Avoid burdening and upsetting	Boon & Miller 1999
Being out to friends	Griffiths & Hebl 2002	Fear of disapproval and disappointing	Boon & Miller 1999
Other peoples evaluation	Franke & Leary 1991	Not the right time	Savin-Williams & Ream 2003
Age of parent	Savin-Williams 1989 (young age for female disclosers)	Not bothered , wanted, or found a reason to	Savin-Williams & Ream 2003 Boon & Miller 1999
Satisfying parental relation	Savin-Williams 1989 (young age for female disclosers)	Strained and unequal support networks	Johnston & Jenkins 2004
Support	Yarhouse et al 2005 Savin-Williams & Ream 2003 (to get support) (support from other gay people) Evans & Broido 1999 Wells & Kline 2001 Johnston & Jenkins 2004 Mohr & Fassinger 2003		

Table 4 continued

Interpersonal Factors			
Factors that assist disclosure	Author(s)	Factors that impede disclosure	Author(s)
Being in a current same sex relationship	Yarhouse et al 2005 Evans & Broido 1999	Uncertainty of response	Galatzer-Levy & Cohler 2002 Boon & Miller 1999
		Age of mother	Boon & Miller 1999 (old fashioned and conservative)
		Avoidant attachment style	Mohr & Fassinger 2003
		Family relationships	Yarhouse et al 2005 Savin-Williams & Ream 2003 Boon & Miller 1999 Kahn 1991 Johnston & Jenkins 2004 Galatzer-Levy & Cohler 2002 Waldner & Magruder 1999
		Lack of support Intergenerational intimidation	Evans & Broido 1999 Kahn 1991

Interpersonal factors that assist disclosure

Honesty and support

A review of the interpersonal factors that assist people to disclose suggests that many of these studies have found three major points. The first of these conveys a motivation to be honest with people and a need not to live a double life (Ben-Ari, 1995; Boon & Miller 1999; Evans & Briodo 1999; Wells & Kline, 2001; Munt et al., 2002; Johnston & Jenkins, 2004). Secondly, in a similar vein, a desire to have open relationships based on trust with both their parents and their friends was reported (Ben-Ari, 1995; Bhugra, 1997; Boon & Miller, 1999; Evans & Briodo, 1999; Wells & Kline, 2001; Price, 2001; Savins-Williams & Ream, 2003). Finally, the need for support in its various forms, from family, and gay and heterosexual friends was highlighted (Evans & Broido, 1999; Wells & Kline, 2001; Mohr & Fassinger 2003; Savin-Williams & Ream, 2003; Johnston & Jenkins, 2004; Yarhouse et al., 2005;).

Interpersonal relationships

Family factors were also prominent. Waldner and Magruder (1999) and Savin-Williams (1989) reported that a positive family relationship was crucial to assist disclosure. Also reported was low parent religiosity amongst younger disclosers (Schope, 2002). Fear that parents might find out was, at times, a catalyst for disclosing (Savin-Williams & Ream, 2003) and in some cases a parent asked which then started a conversation prompting disclosure (Savin-William & Ream, 2003; Boon & Miller, 1999). The age of the parent was considered significant for female disclosers (Savin-Williams, 1989) and when individuals felt less intimidated by older generations, disclosure was more likely (Kahn, 1991).

Friendships seemed to have an important role in that some participants reported pressure from heterosexual friends to disclose (Evans & Broido, 1999; Savin-Williams & Ream, 2003). Having educated friends assisted disclosure, but the reason for this was unclear. In addition, disclosing to a gay friend prompted disclosure to others (Johnston & Jenkins, 2004). Disclosure often took place within the confines of a trusting relationship (Wells & Kline, 2001) and being 'out' to friends seemed to increase the likelihood of being out at work (Griffiths & Hebl, 2002).

Interpersonal factors that impede disclosure

Interpersonal relationships

The negative impact on family relationships featured prominently within this category. Fear of hurting other family members, changes in role as a parent, changes to significant family relationships and loss of rights and access to see children were cited by Johnston & Jenkins (2004). Avoiding burdening or upsetting; disappointing or receiving disapproval from parents (Boon & Miller, 1999); or it not being the right time; not wanting to; or not finding a reason to, impeded disclosure (Boon & Miller, 1999; Savin-Williams & Ream, 2003). Additionally, financial retribution was cited by two authors where participants reported that financial aid from parents would be cut (Boon & Miller, 1999; Savin-Williams & Ream, 2003;). Other reasons impeding disclosure to family included pre-existing negative family relationships (Kahn, 1991; Boon & Miller, 1999; Savin-Williams & Ream, 2003).

Fear of rejection and risk of threat, including active hostility also featured prominently within the interpersonal category with particularly mention amongst college students (Ben-Ari, 1995; Smith et al., 1998; Evans & Broido, 1999).

Yarhouse et al. (2005) reported that peer influence could make individuals less likely to disclose. In addition, how disclosure would change a person's perception of gay individuals (Smith et al., 1998) and losing friendship and support was of concern to non-disclosers (Evans & Briodo, 1999; Johnston & Jenkins, 2004).

Societal/environmental Factors

Table 5: Societal/environmental factors that assist or impede disclosure

Societal/Environmental Factors			
Factors that assist disclosure	Author(s)	Factors that impede disclosure	Author(s)
Educate heterosexuals	Wells & Kline 2001	Fear of loss of job, respect and privilege	Johnston & Jenkins 2004 (associated with employment) D'Augelli 2003
Unrestricted choice of life partner	Price 2001 (from society attitudes)	Fear of rejection by church	Yarhouse et al 2005
Defiance of external controls	Smith et al 1998	Lack of community	Evans & Broido 1999
Support	Evans & Broido 1999 (supportive environment) Johnston & Jenkins 2004 (to build social network)	Living in a suburban area	Schope 2002
Visibility of gay symbols	Evans & Broido 1999	Loss of investment in career	Wells & Kline 2003
Moving to a different institution	Evans & Broido 1999		
Attending a pride rally	Evans & Broido 1999		
Role models in environment	Evans & Broido 1999		
Living in an urban area	Schope 2002		
Generational changes	Galatzer-Levy & Cohler 2002		
Gay supportive organisations	Griffiths & Hebl 2002		
Gay friendly work policies	Griffiths & Hebl 2002		
Non discriminatory policies	Rostosky & Riggle 2002 (in own and partners place of work)		
Pro LGB resources	Waldner & Magruder 1999		

Societal/Environmental factors that assist disclosure

College

Perhaps the most significant findings within this category is work carried out by Evans & Broido (1999). 20 LGB students were interviewed about their 'coming out' experiences whilst living within halls of residence. The displaying of gay symbols was used as an indirect way of 'coming out', but not explicitly and in this sense being out was seen as being more on a continuum, not an either or. A supportive college environment had a strong influence and motivated people to come out as much as internal pressures. Evans and Broido (1999) suggest that interventions aimed to assist students 'coming out' should be at an institution level where staff are trained to reduce homophobic comments and behaviour. They concluded that 'coming out', as well as being a stage in development, is also an assessment of the environment and that factors such as having good role models and attending pride rallies helped students to feel comfortable with their sexuality.

Workplace

In the work place, Griffiths & Hebl (2002) administered questionnaires to 379 individuals who were either 'out' or 'closeted', i.e. had not disclosed at work. They reported that the more supportive employers were towards gay and lesbian employees, the more likely participants were to have disclosed sexuality at work. In addition, this was related to greater job satisfaction. Several gay friendly work policies related to disclosure; these were having a written non discrimination policy, diversity training specifically including gay and lesbian issues, and showing support

for gay/lesbian activities e.g. being present at a gay pride event, having same-sex partner benefits, and being a recognised GL employee organisation. Similar findings were reported by Rostosky and Riggle (2002) who also found that when employees are protected by non discriminatory policies, they are more likely to disclose their sexuality at work. However, as in the Griffiths and Hebl (2002) study, these effects were mediated by personal factors, such as, when an individual and their romantic partner scored less on measures of internalised homophobia.

Resources

Other research has suggested that when individuals have access to pro LGB resources, such as magazines and leaflets then they are more likely to disclose (Waldner & Magruder, 1999). Individuals were also more likely to disclose when they lived in urban areas (Schope, 2002), and, as a means to building a social network (Johnston & Jenkins, 2004).

Societal/Environmental factors that impede disclose

Fear of negative reaction at work impeded disclosure. This was also associated with loss of job, respect and privilege (Wells & Kline, 2001; D'Augelli, 2003; Johnston & Jenkins, 2004). Fear of rejection by the church was identified by participants in the Yarhouse et al. (2005) study. Given that participants in this study belonged to either a pro or anti gay religious organisation, this may have featured strongly in the minds of participants. Schope (2002) who investigated 'outness' in urban, suburban

and rural areas found that individuals are least likely to have disclosed when they live in suburban and rural areas. The reason for this was not known.

Summary

It is clear from the literature that there are many factors that may assist or impede an individual to disclose their gay, lesbian or bisexual sexuality. This review has identified many commonalities between the research findings such as the need to be true to oneself, the importance of family and friends for support and the impact of religion. However, what is not clear is the effect that support from family and friends, and religion can have because these factors have been shown to have both a positive and negative impact on disclosure. This will be discussed in more detail under future research.

In addition to commonalities between the research findings, there were also many factors that appeared to be unique. This makes them of no less relevance to the individuals who experienced them. For example the need to have courage to disclose was highlighted by Ben-Ari (1995) and the matter of sexuality being a private matter was highlighted by Munt et al. (2002). It could be argued that these should have been common findings. However, a participant may only have answered questions that are asked and this may therefore reflect specific question biases.

Methodological Concerns & Future

Research

The review of the above literature has highlighted several methodological weaknesses. Within the qualitative research samples used non random sampling was rarely carried out. The participants were all self selecting and no within or between group randomisation occurred. In addition, there was a very high preponderance of white middle class participants and the majority had already disclosed. This throws into question the replicability of the findings across other cultural contexts. Like many other studies carried out using a homosexual population, few claim to be truly random and representative (Harry, 1993).

A further major methodological weakness within the relevant literature is that it is difficult to match differing terms that seem to mean the same thing. There is considerable lack of agreement of what constitutes a person 'coming out' and then identifying as LGB. There is also disagreement as to whether a person needs to identify with a LGB group to 'come out'. Disclosing itself may or may not be considered to be 'coming out' as a person may have 'come out' to themselves, but not have disclosed their sexuality to anyone else. Additionally, disclosing ones sexuality does not mean identifying as LGB. Due to this difficulty, it is possible that some studies may have been missed from this review. For example, in a study carried out by Wong and Tang (2004) examining cultural factors that effect 'coming

out' amongst Chinese men in Hong Kong, the General Health Questionnaire (GHQ; Goldberg & Hiller, 1979) was used to measure psychological distress. However, it is not clear whether this measure related to disclosure or other 'coming out' experiences, such as discrimination. Similarly, in a study carried out by Rosario et al (2004) among LGB youth, ethnic and racial differences in 'coming out' are considered. Black youths were reported to disclose less often than white youths, but, reason for this was not discussed.

A further methodological weakness is that the majority of these studies were carried out using a qualitative methodology and the robustness of the results may be disputed. However, the high levels of replicability of the findings, whilst taking into account sample biases, cannot be ignored. The quantitative studies appeared to have a very narrow scope, and thus produced the least number of findings. When reducing the complexity of the human experience to a single or small number of variables, one would have to question the ecological validity of the results these studies yield. This is because of the unlikelihood of variables existing by themselves, and the interaction between variables, as well as possible confounders, not being taken into account. It would therefore seem appropriate that a paradigm shift is required within psychology so that the findings of qualitative data are afforded a higher degree of credibility.

Finally, it is suggested that factors identified in this review rarely exist in isolation, but inevitably interact. The nature of the interactions has, in general, not been accounted for.

Further research needs to be carried out to increase the pool of evidence for both common occurring and, so far, unique findings. Research should then be extended to assess exactly which and how these variables interact with each other. Particular attention should be paid to what makes the same variable assist disclosure for some people, but impede disclosure for others. For example, positive family relationships, high in support, was mentioned by Waldner & Magruder (1999) as facilitating disclosure, but Kahn (1991) stated that a close family relationship impeded disclosure. This was attributed to the level of risk perceived if family support was lost. Under what conditions family support was likely to be maintained or lost could be an important area for further research.

The role of religion should also be more clearly investigated as some individuals found solace within religion (Johnston & Jenkins, 2004) whilst the majority found it to be detrimental (Schope, 2002; Savin-Williams & Ream, 2003; Yarhouse et al., 2005). Religion seemed to have strong associations with feelings of stigma and low esteem. A comparative study between religious and non religious individuals measuring levels of internalised homophobia may provide useful information. Additionally, information from an investigation as to what makes religion positive

for a small number of individuals who disclose may provide useful insight for individuals who struggle with it.

An extension of the Evans & Briodo (1999) study, applied to not only college students, could be carried out to assess exactly how an individual appraises their environment and also their own readiness to come out.

Finally, given the level of mental health difficulties experienced by a large proportion of individuals within this group when faced with the prospect of disclosing, how to break down the barriers to encourage disclosure should be researched. In addition, pitching the correct levels of support for individuals in difficulty should be paramount.

Clinical Implications

Given the high levels of mental health difficulties experienced by homosexual individuals (D'Augelli et al., 2001 for additional information) it is important that clinicians should be aware of the prevailing issues. Having some appreciation of the significant stresses that some LGB individuals experience when facing disclosure may serve to increase a clinician's ability to empathise (see D'Augelli, 2003 for a personal account). Being knowledgeable about the aforementioned factors may serve as basis for an informed discussion about pros and cons, and what helps and what does not. In addition, carefully considered conversations may allow clients to think in new ways that may help them to arrive at disclosure decisions with better clarity, and be better prepared for negative reactions. Preparation may take place in the form of discussing with clients, ways of increasing assisting factors alongside ways of decreasing impeding factors. For example, clients may wish to surround themselves with a support network of other LGB people prior to disclosing to members of their family.

Even among LGB clients who have already disclosed, knowing some of the issues they have faced may provide valuable insight into what a client may have been through and add greater understanding to the events that may have shaped an individual's life. Bearing in mind that a large number of LGB clients will have lived a significant period of their lives incongruently, clinicians may wish to consider

what long term effect this may have on their client's self-esteem. Helping clients come to terms with self to surface authenticity (Smith et al., 1998) may be a task that should be kept in mind. Where clients do not wish to disclose, helping them to determine mechanisms to cope with non-disclosure may be of benefit.

Disclosing decisions need to be made on a regular basis, the decision to disclose, with all of its implications may need revisiting from time to time and should not be considered as a one off event. Not assuming that clients are heterosexual may help a client disclose to a clinician. Using non heterosexist wording within assessments e.g. rather than asking whether a person is married, one could ask, whether they have a partner.

A clinician responsible for service development may wish to consider how the LGB community access mental health services given the prevalence of psychological morbidity amongst this population. Visible, pro LGB resources have been shown to assist disclosure (Evans & Broido, 1999) and perhaps disclosing to the LGB population an open and accepting attitude may foster trust within the LGB community.

On a final note, given the research carried out by Griffiths & Hebl (2002) related to diversity training in the workplace, clinical psychology training courses could incorporate teaching on understanding sexuality issues into their core training. This

would serve to not only provide trainees education on relevant problems, but also convey a feeling of acceptance for gay trainees.

Personal Reflections

As a gay man myself, who freely discloses his sexuality to the majority of people in most situations, I found researching the subject of disclosing of great personal interest. Having once been in 'the closet', I felt that I could have a large amount of empathy for both the pros and cons, for and against disclosing. Given my own belief that life is better having disclosed my sexuality, I felt that I had to be extremely careful to give fair coverage to literature that impeded people disclosing, and feel satisfied that I have been able to do this. Having an interactionist approach to sexuality myself, it was enlightening to view sexuality from other points of view, and although this has not changed my view, it now feels more considered.

Further to this, given that I had gone through the experience of disclosing my own sexuality to others, I became aware that I should not focus on pieces of research that reflected my own experiences. However, it would not be true to say that I completely managed to remove myself from the research. I feel that when it comes to the subject of disclosing, I feel strongly that the complexity of the human experience cannot be reduced to a few discreet variables, and while I understand the meaning of testing beyond levels of probability, I am unsure that many quantitative studies represent the richness and complexity of peoples' lives in their day to day environment. I feel that this is reflected in the difference in the quality of information between quantitative and qualitative methodology.

Having never before written a full-blown literature review I realised that I had grossly underestimated the amount of effort and work that is required to produce this. I also found that I had to modify the way I write academic papers. In the past I have found it easier to write an introduction to confirm the direction the work will take. However, I found that writing a literature review was more a of bottom-up process. I soon realised after trying to start the review that it would have to be driven by the literature rather than by the introduction. Having experienced this, I think that this paper is a more accurate reflection of the literature rather than my own thoughts.

After reading a few articles referencing each other, I was surprised that I had not come to the same conclusions as another author and felt concerned that either I was wrong, or they were. Having reflected on this, I have come to realise that even academic literature can be open to interpretation and can therefore be influenced by a degree of subjectivity.

References

Ben-Ari, A (1995). Coming out: A dialectic of intimacy and privacy. *Families in Society*, **76**, 306-314.

Bhugra, D. (1997). Coming out by South Asian gay men in the United Kingdom. *Archives of Sexual Behaviour*, **26**, 547-557.

Boon, S.D. & Miller, R.J. (1999). Exploring the links between interpersonal trust and the reasons underlying gay and lesbian males' disclosure of their sexual orientation to their mothers. *Journal of Homosexuality*, **37**, 45-68.

Cambridge Advanced Learner's Dictionary (2005). Cambridge: Cambridge University Press.

Cass, V.C. (1979). Homosexual identity formation: A theoretical approach. *Journal of Homosexuality*, **14**, 219-235.

D'Augelli, A.R. (2003). Coming out in community psychology: Personal narrative and disciplinary change. *American Journal of Community Psychology*, **31**, 343-354.

D'Augelli, A.R., Hersberger, S.L. & Pilkington, N.W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay and bisexual youths. *Suicide and Life-Threatening Behaviour*, **31**, 250-264.

Eliason, M.J. (1996). Identity formation for lesbian, bisexual and gay persons: Beyond a 'minoritising' view. *Journal of Homosexuality*, **30**, 31-57.

Evans, N.J. & Broido, E.M. (1999). Coming out in college halls of residence: Negotiation, meaning making, challenges, support. *Journal of Student Development*, **40**, 658-668.

Floyd, F.J. & Stein, T.S. (2002). Sexual orientation identity formation among gay, lesbian and bisexual youths: Multiple patterns of milestone experiences. *Journal of Research on Adolescence*, **12**, 167-191.

Franke, R. & Leary, M.R. (1991). Disclosure of sexual orientation by lesbian and gay men: A comparison of private and public processes. *Journal of Social and Clinical Psychology*, **10**, 262-269.

Galatzer-Levy, R. & Cohler, B.J. (2002). *Annual of Psychoanalysis*, **30**, 255-286.

Goldberg, D.P. & Hiller, V.F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, **24**, 18-26. In Wong, C. & Tang, C. (2004).

Coming out experiences and psychological distress of Chinese homosexual men in Hong Kong. *Archives of Sexual Behaviour*, **33**, 149-157.

Griffiths, K.H. & Hebl, M.R. (2002). The disclosure dilemma for gay man and lesbians: Coming out at work. *Journal of Applied Psychology*, **87**, 1191-1199.

Harry, J. (1993). Being out: A general model. *Journal of Homosexuality*, **26**, 25-39.

Johnston, L.B. & Jenkins, D. (2004). Coming out in mid-adulthood: Building a new identity. *Journal of Gay & Lesbian Social Services*, **16**, 19-41.

Kahn, M.J. (1991). Factors affecting the coming out process for lesbians. *Journal of Homosexuality*, **21**, 47-70.

Konik, J & Stewart, A. (2004). Sexual identity development in the context of compulsory heterosexuality. *Journal of Personality*, **72**, 815-844.

Martin, H.P. (1991). The coming out process for homosexuals. *Hospital and Community Psychiatry*, **42**, 158-162.

Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, **129**, 674-697.

Mohr, J.J. & Fassinger, R.E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay and bisexual adults: An attachment perspective. *Journal of Counselling Psychology*, **40**, 482-495.

Munt, S.R., Bassett, E.H & O'Riordan, K. (2002). Virtually belonging: Risk, connectivity and coming out online. *International Journal of Sexuality and Gender Studies*, **7**, 125-137.

Price, M.F (2001). Early trauma, societal oppression and coming out. *Journal of Gay & Lesbian Psychotherapy*, **5**, 59-75.

Rosario, M. Schrimshaw, E.W. & Hunter, J. (2004). Ethnic/Racial differences in the coming-out process of lesbian, gay and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology*, **10**, 215-228.

Rostosky, S.S. & Riggle, E.D.B. (2002). 'Out' at work: The relation of actor and partner workplace policy and internalised homophobia to disclosure status. *Journal of Counselling Psychology*, **49**, 411-419.

Savin-Williams, R.C. (1989). Coming out to parents and self-esteem among gay and lesbian youths. *Journal of Homosexuality*, **18**, 1-35.

Savin-Williams, R.C. & Ream, G.L. (2003). Sex variation in the disclosure to parents of same sex attractions. *Journal of Family Psychology*, **17**, 429-438.

Schope, R. (2002). The decision to tell: Factors influencing the disclosure of sexual orientation by gay men. *Journal of Gay & Lesbian Social Services*, **14**, 1-22.

Smith, G., Kippax, S. & Chapple, M. (1998). Secrecy, disclosure, and closet dynamics. *Journal of Homosexuality*, **35**, 53-73.

Waldner, L.K. & Magruder, B. (1999). Coming out to parents: Perceptions of family relations, perceived resources, and identity expression as predictors of identity disclosure for gay and lesbian adolescents. *Journal of Homosexuality*, **37**, 83-100.

Wells, J.W. & Kline, W.B. (2001). Self-disclosure of homosexual orientation. *Journal of Social Psychology*, **127**, 191-197.

Wong, C. & Tang, C. (2004). Coming out experiences and psychological distress of Chinese homosexual men in Hong Kong. *Archives of Sexual Behaviour*, **33**, 149-157.

Yarhouse, M.A., Tan E.S.N. & Pawlowski, L.M. (2005). Sexual identity development and synthesis among LGB-identified and LGB-disidentified persons. *Journal of Psychology and Theology*, **33**, 3-16.

Chapter Two

An investigation from the father's perspective on the disclosure of his homosexuality to his children.

Word Count: 6967

Abstract

Interpretative Phenomenological Analysis was used to analyse interview transcripts of seven participants who were asked about their experience of disclosing their homosexuality to their children. Analysis suggests that fathers achieve their own realisation of their homosexuality followed by a strong desire to be honest with their children. Proceeding disclosure, the majority of fathers went through a period of uncertainty related to child acceptance. Uncertainty was characterised initially by a feeling of self loathing and was followed by a period of adjustment and a desire for acceptance. The majority of fathers perceived their children to go through a period of assimilation characterised by coping, adapting and then accepting the disclosure. Results are represented as a proposed model of father's disclosure. Clinical implications of this study are suggested, as are the study's limitations and ideas for future research.

Key Words: Fathers, homosexuality, disclosure.

Introduction

In the classic Kinsey report into adult sexual behaviour, the prevalence of homosexuality is estimated to be ten percent of the population (Kinsey et al., 1948). Given the current population of the UK, this would suggest that there are almost six million homosexuals living in the UK. Due to a number of factors, the number who openly identify as homosexual is unclear, but it has been estimated that the percentage of men who identify as homosexual and are fathers is between twenty to twenty five percent (Bozett & Sussman, 1989). Gay fathers are a diverse group and although most father children whilst in a heterosexual relationship (Green & Bozett, 1991), some father through a surrogacy arrangement, and some through a relationship with a woman with whom they were not sexually involved (Martin, 1993). Other gay men have become fathers through fostering, adoption or through kinship obligations following death or other major life changes to circumstances.

With the exception of a few personal accounts (e.g. Voeller & Walters, 1978), there was no literature published on the issue of gay fathers until Miller reported results of research carried out in 1979 (Miller, 1979a). This seminal piece of research consisted of interviews carried out with forty fathers. It investigated the beliefs held by many at that time regarding homosexual men having children to disguise their sexuality; that there is a relationship between homosexuality and child molestation; that having a homosexual father would mean that children would 'catch' homosexuality, known as the germ theory; and, that children of homosexual men are

subject to harassment by the community. Results of Miller's research suggested that each of these beliefs were unfounded. In the same year, Miller proposed a stage model for 'coming out' for gay fathers (1979b) and suggested that there are four key stages for gay fathers in 'coming out'. First, they 'came out' in a heterosexual marriage; second, they had difficult relationships with their wives; third, meeting a same-sex partner initiated 'coming out'; and, finally the process was feared more than necessary. This model was not specific to 'coming out' to children.

The Miller papers were closely followed by Bozett (1980) who carried out research specifically investigating gay fathers disclosing their sexuality to their children. In interviews with eighteen men, Bozett reported that the fathers he interviewed were highly active in their parenting roles and fostered an intimate and expressive relationship with their children. Hiding their sexuality was difficult for these fathers and this often led to a psychological distance in the father/child relationship. Additionally, in hiding their sexuality, the fathers thought that this sent a covert message to their children that homosexuality was wrong. This is similar to a remark made by Clark (2005) who stated that in hiding their homosexuality from their children, fathers give the message that it is shameful. Bozett (1980) reported that gay fathers often prepared their children for the disclosure indirectly by teaching children tolerance for difference. In addition, he reported that disclosure methods include direct and indirect disclosure. Indirect disclosure involves kissing, hugging or holding hands with another man or taking children to gay events or venues. Direct disclosure involves verbally communicating the information and was mostly

preceded by a significant external event i.e. parental divorce or entering a relationship with another man. Bozett (1980) stated that the fathers in his study tended to use both direct and indirect methods in conjunction with each other. Following disclosure fathers went to some lengths to protect their children from hostility from others by modifying their overt homosexual behaviours.

Other papers have investigated the effect that the child's age has on disclosure acceptance. Some research states that the younger the children at the time of the disclosure, the better it will be accepted, while others state that it is not well understood what effect age of the children has (Barret & Robinson, 1990; Hare, 1994; Armesto, 2002). There is clearly a need to investigate this further.

It would appear that although many studies give mention to fathers disclosing their homosexuality to their children, very few studies were ever published relating to how gay fathers could successfully go about this. Additionally, few studies have investigated the impact of the disclosure on the father/child relationship. Barret and Robinson (1990) state that disclosure appears to promote the father/child relationship because it is based on greater honesty and openness.

On scrutinising the literature base, in the late 1980's there seems to have been a shift in the research focus to parenting by gay men. There have been a number of research studies carried out to determine whether there are distinguishable differences between gay and non-gay fathers. For example, in a study carried out by

Bigner and Jacobsen (1992), twenty four gay fathers and twenty nine non-gay fathers were asked about their parenting styles and attitudes to fathering. Results of this study suggested that there were no distinguishable differences between these two groups of fathers. Indeed, results suggested that on these measures, gay and non-gay fathers were found to be more similar than different. In other studies, there have been no significant differences reported in provision of leisure activities, encouragement of child independence and behaviour difficulties (Harris & Turner, 1986). Although there have been differences reported, such as, gay men tend to be more strict with their children and make a greater effort to encourage verbal communication skills (Bigner & Jacobsen, 1989b), one critical difference remains; that at some point, a gay man may feel a need to 'come out' to his children. 'Coming out' has been defined as the acknowledgement of one's homosexual orientation to another, and has been described as a necessity to the development of sexual identity and self-acceptance (Ford, 2003). Some theorists have stated that a gay father's disclosure to his children greatly assists the process of self acceptance of his sexual identity (Bigner & Bozett, 1989). Indeed Dunne (1987) stated that, in theory, without disclosing his homosexuality to his children, a father would fail to successfully achieve a gay identity. This step is therefore seen as crucial.

The process of coming to terms with one's homosexuality has been reported in the literature extensively and many theories abound (Cass, 1979; Coleman, 1982; Troiden, 1989). Although there has been a relatively large amount of research carried out to investigate the phenomenon of actually disclosing one's homosexual

identity, there have been few studies investigating what happens in the life of a gay father around this event. Indeed of all the models of 'coming out' proposed over the years, Lynch & Murray (2000) have argued that these do not reflect the experience of previously married gay men and lesbians as well as presence and age of children. It has been suggested that gay fathers view the risk of disclosing their homosexuality to their children as greater than disclosing to anyone else (Dunne, 1987). This gives an indication of the position the child holds in the father's life. This was reiterated in research carried out by Bigner (1999) where fathers reported that separating from their legal spouses was less disturbing than the potential loss of their children.

There appears to be few studies in the literature covering the factors that influence a gay father to disclose, how he discloses and what then happens within the relationship, as perceived by the father, at the time the disclosure takes place. Although the relationship appears to reach a point of acceptance for both child and father, how this point is reached following disclosure has yet to be investigated. The current study investigates these points and adds to the scant existing literature base. In addition, it is hoped that publication of this paper will rekindle the interest in father homosexuality disclosure and generate further research to support the father/child relationship through this difficult time.

Method

Design

Previous qualitative research carried out investigating disclosure of homosexuality to children in the early 1980s lacked details both in methods and findings. Because of this, hypothesis testing in a positivistic fashion based on such findings may have been unreliable and yielded results of questionable validity; hence, hypothetico-deductive enquiry was deemed to be inappropriate. Interpretative Phenomenological Analysis (IPA; Smith et al., 1999) was chosen over Narrative Analysis as the appropriate methodology to carry out the current research because it fitted with the study requirements. This is because the objective of the research was to capture the remembered experience of the participants and record this in its fullness. This provided a pool of rich data from which systematic analysis could be carried out and because the focus of the research was on the psychological aspects of the father/child relationship following disclosure, the methodology had to allow for some level of psychological interpretation.

Participants

Inclusion criteria for the research were that each man must be self identified as gay, and be a biological father. In addition, each participant must have disclosed his sexuality to his children.

Seven participants were finally interviewed for the study. Three participants were known to the principal researcher and this may have introduced both positive and negative biases to the interview process and the data collected. Knowing these participants may have led them to withhold information of a very personal nature, however, on the other hand, it may also have encouraged the men to talk more freely. The remaining four were recruited via snowball sampling on words of recommendation. Being known via the previous participants may have introduced to the new participants a positive perception of the researcher and the study and facilitated openness. This method of sampling is common amongst this participant group (Hare & Richard, 1993; Barrett & Tasker, 2001).

Each participant was white and middle class. Participant demographics feature in table 5.

Table 5: Participants demographic details

Number	Age	Child gender	Child age at disclosure	Years since disclosure
1	54	1 female	11 years old	11 years
2	45	2 female	12 and 18 years old	9 years
3	49	2 female	7 and 9 years old	12 years
4	58	1 male, 1 female	15 and 18 years old	12 years

5	58	1 female	21 years old	11 years
6	45	1 male, 1 female	10 years old	12 years
7	54	1 male, 1 female	11 and 14 years old	16 years

Interview Schedule

A semi-structured interview schedule was devised to elicit the details under investigation in the study. However, to capture the richness of the experiences of the participants the schedule was only intended to provide a rudimentary starting point. This meant that the interviews were very much led by the participants. To reduce any questioning biases, the researcher was careful to not ask leading questions and to let the men tell their story.

The interviews took place in the homes of the participants with one exception who was interviewed in the home of the principal researcher. This led the interviews to be conducted on a semi-formal basis and encouraged the men to be as open and honest as they were able.

Procedure

Ethical approval was granted by Warwickshire Local Research Ethics Committee to carry out this study. The aims of this study were informally discussed with each

participant. Following agreement to continue to take part they were invited to read the participant information leaflet to provide more detail about the study. Interviews were arranged and at the beginning of each interview the participant was reminded of his right to withdraw at any time. Each participant was asked to provide as much detail about the questions as possible whilst acknowledging the right to withhold. Interview length varied with the average lasting approximately forty five minutes. Following the interview, the participants were debriefed and invited to ask further questions about the study. The interviews were later transcribed ensuring anonymity was maintained (see Appendix 4 for transcript extract).

Coding Process

Coding of the interview transcriptions was undertaken following the procedure recommended by Smith and Osborn (2003), and Smith et al. (1999). The first transcript was read and reread and summary comments and initial themes that seemed to be emerging from the interview were noted alongside points that were relevant to the research question. The transcript was read again along with the summary comments and themes and these were then expressed at emergent theme level. The emergent themes were listed and clustered together. Finally, a superordinate themes list was created incorporating the clustered themes.

The process was repeated for the second, third and fourth interview transcript until it became clear that similar themes were emerging. Interviews five, six and seven were coded using the themes that had emerged during the first four interviews.

Careful consideration was given to each interview so as to not preclude new emerging themes.

Audit checking was carried out by providing a sample of transcripts from a selection of interviews. These were given to one homosexual man who was not a father and one heterosexual woman who is a mother, both of whom were familiar with the coding process. They were asked to consider the accurateness of the emerging themes followed by the superordinate themes. The purpose of the checks was to ensure that the analysis represented the data and was not an inter-rater reliability exercise. Following discussion, consensus was reached on the theme titles. A member check was also carried out by one participant.

The Researcher

I am a gay man and also a father and therefore strongly identify with many features of this research. I believe we cannot transcend ourselves and identify an absolute truth and I consider myself to be a relativist. In this sense I realise my interview questioning and my construal of the data is influenced by me directly and is therefore subjective. However, qualitative methodology such as IPA allows for subjectivity and for the researcher to use their own experience to help to understand the phenomena being investigated (Elliott et al., 1999). To safeguard against an overly solipsistic analysis of the data, the assertions I have made are grounded in the data. Additionally, I have adhered to the methodology and included validity checks in my data analysis.

Analysis

Annotations will be in the following format: Pt = Participant; Pg = Page; Ln = Line.

Although the main focus of this investigation is to capture the experience of the father when he discloses his homosexuality to his children, for each participant they began to tell their story from the moment they realised they were homosexual.

Self realisation

Chronologically, the first theme that was identified from the seven participants was that of self realisation. The men seem to be describing a process of change from one previously held view of the self where there is a possibility that homosexuality is changeable. This would suggest at that time, participants viewed their sexual identity as flexible. Each of the participants were initially married and did not necessarily separate because of homosexuality. However, the point at which the marriage ended often seemed to be related to the realisation that their sexual identity was fixed. One participant described:

“the stage had come where my sexuality was basically never going to go away, it was always there and the stark realisation” (Pt 2, Pg 1, Ln 7-10).

Another participant described five years of religious based counselling to change his homosexuality. For this participant the end of the counselling and of the marriage was the realisation that his homosexuality was not going to change.

“I’d gone through quite a lot of counselling courses, inner healing, regression, things like that. Nothing actually worked, if anything, it confirmed to me that I was actually gay and that was it” (Pt 4, Pg 1, Ln 47-50).

The level of detail revealed by participants varied greatly, but the majority of the participants seemed to achieve this realisation following a sexual encounter, or beginning a relationship with another man.

Self to surface authenticity

Following coming to a realisation of the fixed nature of their homosexuality, the participants described a period of time where they seemed to feel a large amount of internal discomfort. This was attributed to telling lies, leading a double life and being dishonest and can be interpreted in terms of cognitive dissonance (Festinger, 1962) as participants stated that this behaviour was contrary to their value system and to how they viewed themselves. One participant stated:

“I thought, no, I’m not a liar, I am not, I obviously see myself as the person that is not, but I was, just kidding myself, but I was” (Pt 2, Pg 3, Ln 49 – Pg 4, Ln 2).

Dissonance reduction therefore served as a motivating factor to move to a position where the private self was in congruence with the public self, known as self to surface authenticity (Smith et al., 1998). This should be seen as a process where a person moves along a continuum with self authenticity at one end, and self to surface congruity at the other. The motivation to be honest featured very strongly amongst all the participants. Additionally, being honest was seen to afford a new level of freedom to be oneself and to begin a new life.

“I’d never believed that I would be free to be who I wanted to be...or what was going on inside could be outside” (Pt 4, Pg 13, Ln 46-50).

Process of disclosure to children

All participants used direct or indirect methods of disclosure. Five participants used a direct method, disclosing during conversation. One participant used only indirect methods and one participant experienced a disclosure forced by a social worker during a family mediation meeting.

When the majority of participants had reached a certain point along the self to surface authenticity continuum, disclosing to their children was seen as a necessary part of moving further.

Planning

The majority of participants spent considerable time and effort planning the disclosure. This was centred around knowing their children and anticipating their reactions. Some fathers went to great lengths to ameliorate the foreseen negative impacts of the disclosure. For example, one man held out from disclosing despite considerable pressure from his partner because he felt strongly that the children were not at an age to have sufficient understanding.

“I held out for quite a lot longer mainly because of their ages...and I wasn’t sure they were quite old enough to handle that” (Pt 7, Pg 1, Ln 19-24).

When direct disclosure took place the fathers had considered the following:

Timing – this was related more so to child age, but also child stage. Two of the fathers had children who were taking important exams and working around this featured in their disclosure plans.

What to say – participants had often rehearsed what was going to be said during the disclosure conversation.

Who to – where participants had more than one child, consideration was given to whether they should disclose to all children at once, or individually. Fathers based this decision on likelihood of a good reaction from the children and whether they

thought the children would be a good support for each other. One father planned that his partners' children would be present, he said:

“we talked about that his two children would be present with us for them to have the support to be able to talk about it” (Pt 6, Pg 10, Ln 5-8).

Setting the scene – Some of the fathers had meticulously planned how the disclosure would take place. Others thought that they had to be in the right ‘position’ to tell. For example, some fathers lived within a context where disclosing would have had a negative impact not only on the children, but on other significant relationships. However when circumstances changed, fathers finally took the opportunity to disclose.

“I wasn’t ashamed of what I was, but Bob hadn’t told his family that he was gay, so we couldn’t sort of let my children know otherwise the cat might have got out of the bag sort of thing” (Pt 3, Pg 2, Ln 4-8).

“I’d always wanted to tell them, and because Bob left me, it gave me the opportunity to just be honest with them” (Pt 3, Pg 3, Ln 25-28).

Telling

Of the fathers who disclosed to their children through direct conversation, a high level of anxiety induced by fear of rejection ensued. The actual disclosure discourse was remarkably similar and seemed to follow the sequence below:

Revealing the deceit – admitting their dishonesty to their children. This was often related as a narrative account of the fathers' life circumstances.

Building the conversation – the conversation seems to be built upon relating the fathers' current life circumstances which then leads up to the disclosure.

Disclosure - the disclosure itself often consisted of revealing the truth about the status of the current same-sex relationship

Receiving feedback – a brief period where feedback was either sought after or given took place.

This process is exemplified by participant three, who disclosed his homosexuality to his daughters when he was in a supportive same-sex relationship:

“Girls, Bob you knew for a long time, we were friends for seven years, and Jason, who you know now, he’s a very good friend of mine...in fact, both people were very

important people in my life...in fact, they were a relationship rather than just being friends.” (Pt 3, Pg 4, Ln 19-25).

The actual words used to describe their homosexuality and the amount of information that was given to the child was largely dependent on the child’s age and reaction to the disclosure.

The disclosure itself has an effect on the father and the child and in turn the father/child relationship. The format of document writing binds us to write as though proposing a sequence of events. However it should be noted that the nature of events discussed in the subheadings below were more fluid and were not necessarily chronological.

Perceived Effect on the Child

It should be clear that this is the fathers’ perceptions of the effects of disclosure on their children and not effects reported by the children themselves. However, the fathers’ perceptions of the children’s’ reactions to the disclosure affected the fathers so much and featured so prominently in the interviews that it could not be ignored.

Most fathers reported that their children seemed to require a period apart from them. The father’s described a set of tasks that seemed to be necessary for the children to go through. This period has been interpreted as a time for assimilation and lasted anywhere between a few hours to years.

Coping

Throughout the interviews the fathers referred to disclosing their sexuality as something that their children had to cope with. The fathers mentioned that an ability to come to terms with things in life in general made the disclosure easier to cope with and this was sometimes attributed to age where fathers thought that adolescence was both a help and a difficulty in coping. Fathers also stated that individual personality or exposure to alternative sexualities when younger was useful in helping to cope.

“the kids were, you know, 18 and 15 it’s um, it was easier in that sense, they were more mature to make their own minds up” (Pt 4, Pg 19, Ln 30-33).

“Amber was always strong willed...just sort of took stuff in her stride, always did” (Pt 2, Pg 16, Ln 12-15).

With a few exceptions the disclosure was met with an initial emotional reaction that was often, but not always negative.

“She absolutely broke her heart, sobbed and sobbed” (Pt 2, Pg 7, Ln 11-12).

“the only thing I can remember after the conversation was Jenny bubbling off down to Rob saying ‘now I know can I call you mum?’” (Pt 7, Pg 3, Ln 3-6).

However, other coping issues arose that were related to gay lifestyles or to being single; some of the children expressed concern that their father would be exposed to AIDS and others were concerned about where their father would live. In addition, it seems that some children were concerned that their father was going to change in some way and conversations often focused on popular gay stereotypes.

Adapting

To help the children adapt to the disclosure, fathers reported remaining available for their children and allowing the children to discuss arising issues in their own time. The children seemed to adapt through a process of education from their fathers and through conversations with family and friends. This seemed to serve the purpose of modifying attitudes toward the stereotypes previously mentioned. Thus, conversations with others seemed to help the children move from a position of misunderstanding, to a position of understanding.

“I don’t go flopping round in silly shirts and things, I’m not an embarrassment” (Pt 1, Pg 6, Ln 11-13).

“I’m not going to start wearing woman’s clothes, I’m not going to start being all limp wristed” (Pt 2, Pg 9, Ln 34-36).

Reassurance about what would not be changing and what to expect in the future seemed also to help the children adapt.

“You need to know, things are not going to change” (Pt 2, Pg 9, Ln 44-46).

Adapting to other people knowing how they would manage the information also seemed to be crucial to how the children adapted.

“I won’t rush out and make an issue of my sexual orientation” (Pt 5, Pg 14, Ln 25-26).

Accepting

Eventual acceptance has been reached for all but one father thus far. Acceptance was understood by the fathers in terms of how much of an interest the children took in their father’s life. This tended to be demonstrated by meeting gay friends and partners. Two fathers seemed particularly pleased that their children invited them and their partners to nights out and joined their fathers in gay venues. Gay affirmative statements were also taken as a measure of acceptance.

“She’s very protective of gay issues” (Pt 1, Pg 7, Ln, 18-19).

Effect on the Father

How the disclosure affected the children seemed to have a direct influence on the father. Following the disclosure most of the fathers describe a period of uncertainty. This seemed to be correlated with the period of assimilation in the children. During this period of uncertainty the fathers described the following:

Self loathing

Some of the fathers initially had a very strong response to their children's' reactions during which feelings of self-hatred and failure predominated. One father described that he had always felt very embarrassed about being homosexual, and telling his children heightened this.

"I'd let them down cause I couldn't be, we couldn't be the family that, that was always the image you were going to be" (Pt 4, Pg 11, Ln 44-47).

However, even when feeling self-hatred and uncertainty about the future relationship with their children, some fathers reported that they continued to offer unconditional love. This seemed to emanate from an understanding of the difficulties their children may have been experiencing while adapting to the disclosure.

"They should always be offered love no matter what" (Pt 5, Pg 5, Ln 2-3).

Adjusting

Also during this time, a period of adjustment for the father seems to take place. The father needs to adjust to his new honest life and judge how much information the child should know about his life and also which behaviours he needs to modify to help his children adapt. Being able to be free and open sometimes still needed to be in measures. One father described this learning experience when his partner died:

“I think I would have exposed to her to my partner who had AIDS more gradually...it was quite a traumatic time for her and I don't think I'd put her through that again” (Pt 1, Pg 9, Ln 45 – Pg 10, Ln 4).

Desire to be accepted

A desire to be accepted by the child is evident during this time and several fathers commented on the wish for things to return to ‘normal’. A desire to include the children in the father's life and for the father to be included in the children's' life was evident. When this occurred it was taken as a sign of acceptance.

“She's known all my partners since and she's now close to my present partner” (Pt 1, Pg 5, Ln 35-37).

Being trusted with personal information was also seen as a measure of acceptance. Complete acceptance was epitomised by the statement a father described as every gay father's dream when she said to him:

“You’re still my father whatever your sexual orientation” (Pt 5, Pg 6, Ln 43-44)

Father/Child Relationship

Parent/Child/Friend

Most fathers seemed to spend time reiterating to their children that their love for them would not change and that they will always remain in the role of their father. Many of the fathers realised that the relationship still needed to be confined to father/child although there seemed to be an awareness that the relationship was moving to be more open in nature and that the disclosure had facilitate this.

“There is always a father/daughter thing, but it’s, we’re also quite good friends as well now” (Pt 2, Pg 10, Ln 44-46).

Educator/Learner

The relationship also seems to develop a more educative style where the father spends time educating the child about gay issues as well as confounding misconceptions about what it means to be gay. This relationship style seems to reduce over time.

Openness

In the long term the majority of relationships between the fathers and their children appear to be strengthened. This was put very eloquently by the third participant when asked how he thought his disclosure had affected the relationship he has with his daughters:

“They know they can rely on me, they know they come for information, for a talk, for a shoulder to cry on. I just think it’s made us very, very close. I don’t know really, we just love each other so much, there’s nothing you know, we’ve got a fantastic bond” (Pt 3, Pg 10, Ln 4-11).

Impact of important others

The significance of important others was evident. This seems to influence every aspect of the disclosure experience for the father, to impact significantly on the child following disclosure and, in turn, influence either a positive or negative outcome. Hence the fathers’ parents, ex-wife’s and partners had a crucial impact on how the fathers coped with self realisation and could be either a considerable strain or support. The second participant’s ex-wife found out that he was homosexual. Her supportive attitude made it easier for him to be self-accepting and then to go on to disclose his sexuality to his children:

“My ex-wife had found out that I was gay and put two and two together and confronted me about it and basically, lo and behold, was very supportive” (Pt 2, Pg 2, Ln 3-7).

Although self to surface authenticity is greatly effected by internal feelings, other people in the fathers social world can effect the extent to which this is achieved.

“Because John left me, it gave me the opportunity to be honest” (Pt 3, Pg 3, Ln 26-27).

The process of disclosing to children is influenced by an ex-wife, her new partner, the father’s partner and the formal social systems around e.g. social services. Indeed the father in this sample who has not yet received acceptance from his children, perceives the influence of the children’s step father as paramount and the influence of the social worker who forced disclosure as extremely destructive:

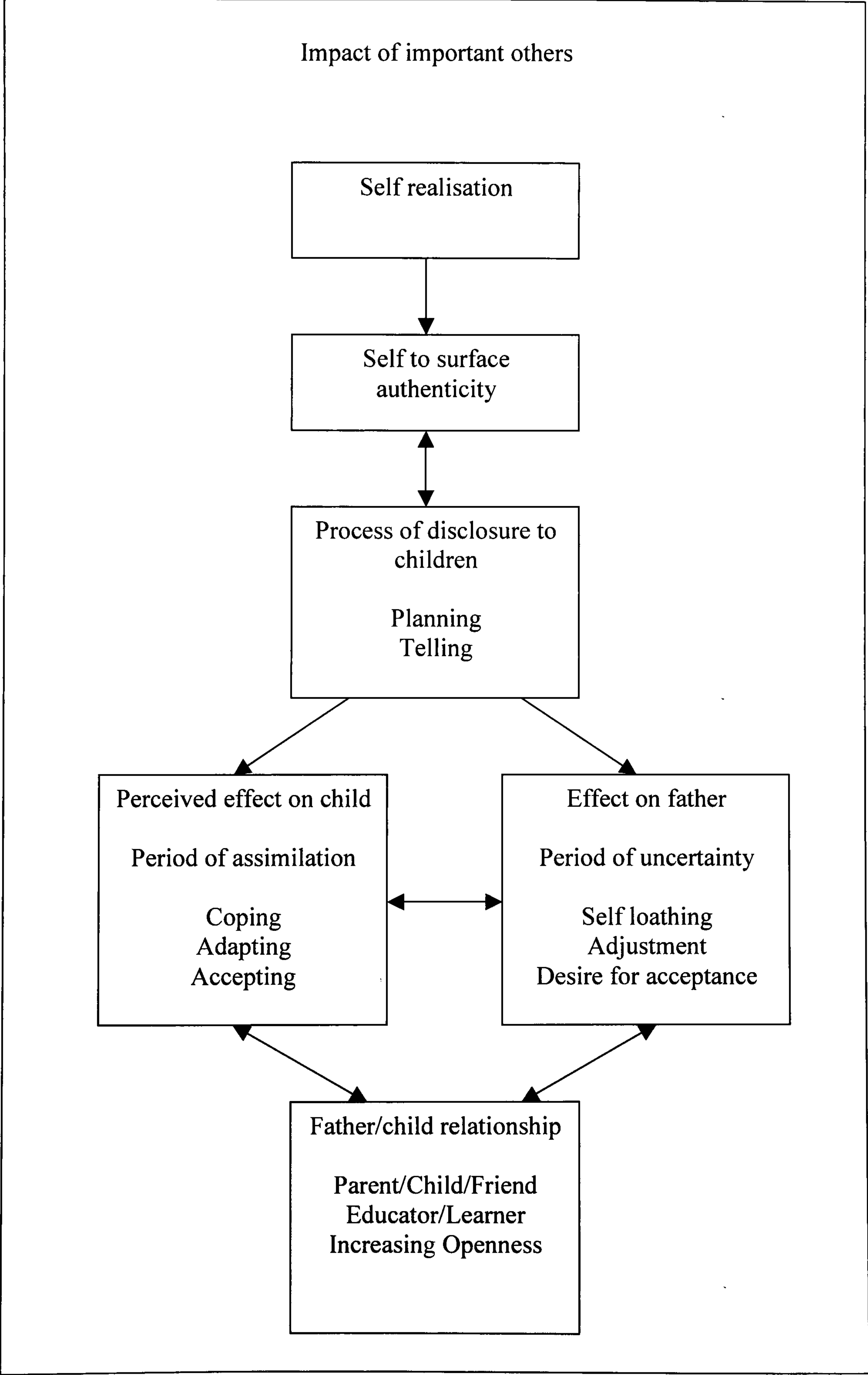
“This social worker had got no idea what she had just done, um, you just, having a huge boulder smashed through your world” (Pt 6, Pg 10, Ln 31-34).

The effect of the disclosure on the child is greatly mediated by the mother, as is the effect of the new partner on the father. Although other people, such as the children’s’ friends play a role in promoting acceptance, the mother and father’s partner play key roles that significantly impact the father/child relationship.

“She had actually got quite a bond with the previous one, John, loved him quite deeply I think and then not knowing sexuality. But she did back off for quite a while, she was very upset, she didn’t really like James” (Pt 3, Pg 5, Ln 17-22).

To summarise, figure one illustrates the experience of disclosure for the fathers in the form of a model.

Figure 1: *Father's disclosure model*



Discussion

Analysis of the interviews carried out for this study suggests that the model reported by Miller (1979b) only partially reflected the experience of the research participants in this investigation. Four of the seven participants 'came out' during their marriage. Of those four, two have remained married, but separated and this would appear to be for the reason that until recently, there was no legal advantage for gay men to divorce as they were unable to have similar legal recognition of their relationships. At the time of 'coming out', only one participant reported a bad relationship with their wife, which has since improved; three participants reported good relationships, one of which has deteriorated; two participants reported a variable relationship and one participant made no comment. Miller (1979b) stated that the men in his study had difficult relationships with their wives, this was only partially supported amongst the current cohort. Miller (1979b) also stated that 'coming out' was initiated by meeting a same-sex partner. Results from this analysis would suggest that disclosure was initiated by an internal desire to be honest, the result of which reduced feelings of dissonance. Lastly, Miller (1979b) stated that 'coming out' was feared more than necessary and this was substantiated by the fathers in this study, many who stated that their relationship became closer because of the disclosure. This is similar to findings by Barrett and Robinson (1990).

This analysis supports some of the findings of Bozett (1980) in that the majority of the fathers in this study were active in their parenting role; had intimate and

expressive relationships with their children, particularly in the longer term following the disclosure; found hiding their sexuality very difficult; and, modified their behaviour to make life easier for their children. The analysis did not support Bozett's (1980) findings that fathers prepared their children for the disclosure per se, although two of the fathers reported that raising their children to be accepting of diversity was important. Only one father used an active indirect method of disclosure, one both indirect and direct, and the remaining five direct disclosure only. This is also contrary to the findings by Bozett (1980) who indicated that fathers used both methods.

The model proposed from the results of this analysis would indeed suggest that traditional 'coming out' models lack considerable detail and appreciation for the 'coming out' experience of a father to his children. This adds credence to the statement by Lynch and Murray (2000) that traditional models do not reflect the experience of gay and lesbian individuals who have children.

Clinical Implications

Many of the fathers reported that disclosing their sexuality to their children was a time of extreme stress. The reasons these men do not turn to mental health services for support through this time is unclear and should be a topic of further investigation. However, caution should be exercised so as not to pathologise the difficulties the fathers described in this study. Results of this study could build on the work carried out by Dunne (1987) who ran a group for fathers who were having

difficulties disclosing their homosexuality. Building on the information gathered here, clinicians could help fathers assess whether they are ready to tell their children and provide advice on planning the disclosure effectively. Having support available for themselves and their children following the disclosure provides good contingency and the impact of supportive others seems to effect the outcome very positively. Role playing how to tell their children about their homosexuality using suggestions from the discourse discussed here could reduce some of the anxiety around the event for the fathers. Following, educating the fathers to anticipate a period of uncertainty and a period of assimilation within their children may provide reassurance that they are not necessarily being rejected.

Individually, the majority of fathers reported a period of self loathing following the disclosure. How long this lasted seemed to be largely dependent on the children's' reactions. When children continue to react badly for a prolonged period of time, this may have a detrimental impact on the father. Indeed the father who participated in this study who has not yet been accepted by his children because of his sexuality reported that he had had to become emotionally hardened as a way of coping with the loss of his children. He describes feelings of deep sorrow and feels that he is being punished by god because he is homosexual. Interventions aimed at increasing self-esteem and coping for fathers following disclosure may not only serve to support the father at this time, but may also have a direct effect on the emotional health of the child.

This study suggests that during the period of assimilation, fathers take on an educative role that helps the child to adapt to the new information quickly and positively. Interventions that encourage communication between the father and child would support the fathers in this role. In addition, although the fathers in this study knew their children well and were responsive to their individuality, some education related to developmental issues may help fathers communicate at an age appropriate level, particularly to their younger children.

Limitations and Future Research

Although this study has many findings, it also raises many questions. For example, testing the replicability and generaliseability of the model is essential if it is going to be put to clinical use. Further research would add richer detail to and perhaps identify new themes. In addition, how the themes interact needs to become clearer. Future research may also reveal whether key aspects of the model could be adapted to individuals in other circumstance, for example, a parent's disclosure to children of an intention to divorce.

The methodology used in this study meant that individuals recounted experiences from their fairly distant past. This is inherently fraught with memory biases. To reduce this, it may be useful to interview fathers who have more recently disclosed their homosexuality to their children. Additionally taking a longitudinal perspective may give more insight into how the relationship changes and develops over time following the disclosure.

It is recognised that this study focussed only on the father's perception of the disclosure. Future studies including the children's' perceptions may provide a greater level of detail about what exactly happens for them when the father discloses his homosexuality. What happens for the children during the period of assimilation could be drawn out in more detail. For example, identifying what strategies the children use to cope with the new information could provide valuable data for clinical use. The role of the child in adapting could also be investigated as could the personal attributes that promote acceptance. In addition, carrying out a study including the perceptions of the important others may elucidate further facilitating factors.

The optimal age for the child at the time of disclosure is still unresolved. Many of the fathers in this study recognised that age was a factor they had considered. However, the fathers disagreed on whether it is better to disclose when the children are older or younger. Future research with a larger sample size could investigate this further.

Personal Reflections

I believe that because I am a gay father and carrying out this research, I need to give detailed consideration as to how I may have influenced the data in this study. I believe it is rarely possible to be truly impartial as a researcher investigating

psychological phenomena and colleagues may be heavily critical that I have undertaken research on a subject so personally close to me. However, I consider that being so close to the subject matter has already drawn out and made explicit my biases and preconceptions. I believe that this has put me in the stronger position of greater self-awareness than if I had chosen to investigate a different topic and then influenced the research process with unknown biases. For example, during data collection I was careful to encourage participants to discuss both positive and negative events surrounding disclosure and was aware how their discussion was affecting me. Being able to monitor this during the interviews has meant that they were led by what was salient for the participant and not by my unrealised biases. Similarly, when analysing the interview transcripts, and whilst acknowledging that I have a personal style and a way of phrasing, I have discussed in the method section the checks I have used to avoid being over interpretative with my own personal experiences. Writing this paper has been under the supervision of two experienced research supervisors. They have pointed out areas where I have become slightly emotive or political and this had caused me to question the inclusion of those types of statements.

Keeping the above in mind I hope to have interacted with the data in a way that has not disconnected me from it completely, but has allowed me to analyse it as systematically as possible.

On another personal note, I have been concerned by the lack of recent literature available to cite in this paper and have reflected on why this might be so. It would appear from following the literature in a chronological order that investigative studies have been heavily influenced to counteract a conservative agenda. Following the realisation that many gay men were once married and are fathers there was a concern about what effect this might have on children. The research focused on this issue for many years and study after study found no major detrimental effect. Following the increased use of reproductive technology amongst lesbians, and to a smaller extent, gay men, a concern arose that children raised by same-sex parents may in some way be harmed by the experience (Stacey & Biblarz, 2001). The research focus shifted to investigate this and a plethora of research exists, again finding no major detrimental effect. Because the focus of much research related to gay parenting to date has, in part, been influenced by a desire to mitigate social/political concerns, it has meant that the topic of investigation in this study has been under researched.

References

Armesto, J.C. (2002). Developmental and contextual factors that influence gay fathers' parental competence: A review of the literature. *Psychology of Men & Masculinity*, **3**, 67-78.

Barett, R.L. & Robinson, B.E. (1990). *Gay Fathers*. San Francisco: Jossey-Bass Inc

Barrett, H. & Tasker, F. (2001). Growing up with a gay parent: Views of 101 gay fathers on their sons' and daughters' experiences. *Educational & Child Psychology*, **18**, 62-76.

Bigner, J.J. (1999). Raising our sons: Gay men as fathers. *Journal of Gay & Lesbian Social Services*, **10**, 61-77.

Bigner, J.J. & Bozett, F.W. (1989). Parenting by gay fathers. *Marriage & Family Review*, **14**, 155-176.

Bigner, J.J. & Jacobsen, R.B. (1989b). The value of children to gay and heterosexual fathers. *Journal of Homosexuality*, **18**, 163-172.

Bigner, J.J. & Jacobsen, R.B. (1992). Adult responses to child behaviour and attitudes toward fathering: Gay and nongay fathers. *Journal of Homosexuality*, **23**, 99-111.

Bozett, F.W. (1980). Gay father: how and why they disclose their homosexuality to their children. *Family Relations*, **29**, 173-179.

Bozett, F.W. & Sussman, M.B. (1989). Homosexuality and family relations: Views and research issues. In Bigner, J.J. & Jacobsen, R.B. (1992). Adult responses to child behaviour and attitudes toward fathering: Gay and non-gay fathers. *Journal of Homosexuality*, **23**, 99-111.

Cass, V.C. (1979). Homosexual identity formation. *Journal of Homosexuality*, **4**, 219-235.

Clark, D. (2005). *Loving Someone Gay*. Millbrae, California: Celestial Arts.

Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality*, **7**, 31-43.

Dunne, E.J. (1987). Helping gay fathers come out to their children. *Journal of Homosexuality*, **14**, 213-222.

Elliot, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, **38**, 215-229.

Festinger, L. (1957). Cognitive dissonance. *Scientific American*, **207**, 93-107.

Ford, V.E. (2003). Coming out as lesbian or gay: A potential of crisis in adolescence. *Journal of Human Behaviour in the Social Environment*, **8**, 93-110.

Green, J.D. & Bozett, F.W. (1991). Lesbian mothers and gay fathers. In G.P. Mallon (2004), *Gay Men Choosing Parenthood* (pp. 2). New York: Columbia University Press.

Hare, J. (1994). Concerns and issues faced by families headed by a lesbian couple. *Families in Society*, **75**, 27-35.

Hare, J., & Richard, L. (1993). Children raised by lesbian couples: Does context of birth affect father and partner involvement? *Family Relationship*, **42**, 249-255.

Harris, M.B. & Turner, P.H. (1986). Gay and lesbian parents. *Journal of Homosexuality*, **12**, 101-113.

Kinsey, A., Pomeroy, W., and Martin, C. (1948). *Sexual Behaviour in the Human Male*. Philadelphia: W.B. Saunders. In <http://www.kinseyinstitute.org/resources/bib-homoprev.html>

Lynch, J.M. & Murray, K. (2000). For the love of the children: The coming out process for lesbian and gay stepparents. *Journal of Homosexuality*, **39**, 1-24.

Martin, A. (1993). *The Lesbian and Gay Parenting Handbook: Creating and Raising Our Families*. New York: Harper Perennial. In G.P. Mallon (2004), *Gay Men Choosing Parenthood* (pp. 2). New York: Columbia University Press.

Miller, B. (1979a). Gay fathers and their children. *The Family Coordinator*, **28**, 544-552.

Miller, B (1979b). Unpromised paternity. In M.P. Levine (Ed.), *Gay Men: The Sociology of Male Homosexuality*. New York: Harper & Row.

Smith, G., Kippax, S. & Chapple, M. (1998). Secrecy, disclosure, and closet dynamics. *Journal of Homosexuality*, **35**, 53-73.

Smith, J.A., Jarman, M.& Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (eds), *Qualitative Health Psychology*. London: Sage.

Smith, J.A. & Osborn, M. (2003) Interpretative phenomenological analysis. In Smith, J.A. (Ed), *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.

Stacey, J. & Biblarz, T.J. (2001). (How) does the sexual orientation of the parents matter? *American Sociological Review*, **66**, 159-183.

Troiden, R.R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, **17**, 43-73.

Voeller, B. & Walters, J. (1978). Gay Fathers. *The Family Co-ordinator*, **27**, 149-157.

Chapter Three

A gay man's experience of being a father via semen donation.

Word Count: 3153 (Excluding tables, raw data and references)

Abstract

The following paper investigates the implications for one gay man who donated semen to a lesbian friend. Nine years later the resultant child made contact with the donor. Interpretative Phenomenological Analysis (IPA) of the interview with the donor suggested the emergence of four main themes. Theme one relates to internal and external factors that motivated the donor to donate. Theme two relates to the difference between the fantasy vs. the reality of the child contact. Theme three relates to the social influences surrounding being a gay father and the perception the father has of the child growing up in a heterosexist society. The final theme relates to the positive and negative aspects of being a gay sperm donor.

Introduction

Becoming a gay father through a surrogacy arrangement with a woman with whom the father is, or is not sexually involved has been mentioned previously in chapter two (Martin, 1993). Where sexual involvement does not take place, this method of fathering requires Donor Insemination (DI). DI has been used for many years within the gay community and can be carried out either by self-inseminating or inseminating with help from medical professionals (Golombok et al., 2002; Chabot & Ames, 2004).

Gay men who choose to be parents do so for many reasons. The desire to nurture children and to provide some constancy in life is often cited, as with heterosexual men (Bigner & Jacobsen, 1989a). Bigner (1999) also suggests that in gay men, parenthood is associated with heterosexuality and that their sense of masculinity is enhanced.

Lesbian couples have been found to be more likely to opt to know the identity of a semen donor and to use a donor known to them (Brewaeys, 2001) and hence it is not uncommon for gay men to be asked to donate semen to lesbian friends. Using a known donor in a private arrangement between a gay man and lesbian couple may have inherent complications. It cannot automatically be assumed that the donor is wilfully choosing to be or not to be a parent; or that the recipient(s) would like the

donor to have any amount of parental rights. Parenting relationships thus constructed can therefore have many permutations (Hare & Richards, 1993).

Amongst lesbian couples who choose DI, disclosing the identity of the father to the child remains an area of debate. However, when compared to heterosexual counterparts, lesbian couples have been found to be more likely to tell their children about their DI heritage (Stevens et al., 2003). This would suggest that when a gay man donates semen in a private arrangement with a lesbian couple, there is an increased possibility of future contact from the offspring. Following a law change in Sweden in 1985, semen donors are now obliged to provide identifying information which is then made available to children when they are deemed to have reached sufficient maturity (Lalos et al., 2003). In a study carried out by Daniels et al. (2005) interviews were conducted with 30 semen donors. Two thirds of participants were positive about the prospect of meeting their offspring at some time in the future.

Among gay men, the factors involved in donating semen and the effect of future contact from DI offspring seems not to have been investigated. The current study investigates the experience of one gay man who donated semen to a lesbian friend and agreed to have no parental rights. Nine years later the donor was contacted by the child.

Method

Design

This study adopted a qualitative design for a number of reasons. There appears to be no other research carried out in this field, therefore quantifying phenomena that was only assumed to exist may have been to the omission of other, more noteworthy information. Because of this, it was thought important to use a design where one could elicit as much data-rich detail as possible about the phenomenon under question as a starting point for possible future research. Interpretative Phenomenological Analysis (Smith et al., 1999) that can be used for analysing data from a single case (Smith, 2004) was used to analyse interview transcript data and identify emerging themes that described the experience of the interviewee.

Participant

The participant was a 33 year old self-identified gay male who was recruited following a description of the author's research interest as an introduction to a lesbian, gay, bisexual and transgender professional interest group. The participant was provided with written information about the purpose of the study and a consent form which explained participants' rights and options (See appendices 13 and 14).

Interview Schedule

A semi-structured interview schedule was devised to draw out issues and experiences which were thought might be salient to the participant. Because research in this field has not yet been carried out, the schedule was created by

examining related literature. Themes from the literature were used only as a starting point from which to conduct the interview. In order to minimise the interviewer taking a directive approach, the interview was conducted semi-formally and the interview schedule was only loosely followed. Open ended questions were used to maximise the possibility of multi-factorial answers and the participant was encouraged to talk freely with only minimal input from the interviewer.

Procedure

The aims of this study and how it would be conducted were e-mailed to the participant who agreed to take part. The interview was arranged at a mutually convenient time and took place in the participant's home. Prior to the commencement of the interview the participant was reminded of his right to withdraw at any time and to answer questions only in as much detail as he was comfortable. The interview lasted for approximately one hour and was digitally recorded for transcription at a later date. Following the interview, the participant was debriefed and was invited to ask further questions about the study. The interview was later transcribed ensuring anonymity was maintained (see appendix 12 for transcript extract). The recording of the interview was kept on a password protected computer.

Coding Process

Coding of the interview transcription was undertaken following the procedure recommended by Smith and Osborn (2003), and Smith et al. (1999). The transcript was read and reread and summary comments were noted alongside relevant points

and initial themes that seemed to be emerging from the interview. The transcript was read again along with the noted comments and themes were expressed at a higher level of abstraction. The emergent themes were listed and clustered together. Finally, a superordinate themes list was created incorporating the clustered themes.

Analysis

Table 7: *Stages of analysis and emergent themes.*

Stage One: Superordinate themes	Stage Two: Clustered themes	Stage Three: Emergent themes
Internal and external forces to father a child.	<u>Continuation of self.</u>	Blood relationships. Child before HIV. Donation as a way of having children as a gay man.
	<u>Need to connect to child.</u>	Loss of childhood. Loss of fatherhood. Loss of relationship. Loss of time.
	<u>Social and political factors.</u>	Sexuality gene. Heterosexism as a social norm.
Fantasy vs. reality of present and hoped for future.	<u>Hoped for future.</u>	Fantasy introduction. Fantasy relationship. Life circumstances.
	<u>The reality.</u>	Unexpected timing. Life circumstances. False father?
	<u>Pseudo-legal agreements.</u>	As a safeguard of recipients freedom. Impact on child. A question of trust.
The dominant discourse of society	<u>Social difference.</u>	Being gay in a different time. Child's wish for a 'normal' family. Sensitive to difference through having gay parents.
	<u>Social norms.</u>	Reconnecting to society via fatherhood. Fatherhood and masculinity.

Table 7 continued

Stage One: Superordinate themes	Stage Two: Clustered themes	Stage Three: Emergent themes
Effects of being gay and having donated semen.	<u>Positive effects.</u>	Non-judgemental. Not homophobic. Safe. More flexible. Joy and positive affect.
	<u>Negative effects.</u>	Sense of isolation. Relationship discord.

The data presented in table 7 are the stages of analysis with their emergent themes. These will now be discussed by superordinate theme. Transcription annotations will be as follows: P = page number, L = line number.

Internal and External Forces to Father a Child

The superordinate theme of internal and external forces to father a child emerged from three key themes: continuation of self; need to connect to child; and, social and political factors.

Continuation of self

The participant identified a number of strong forces that influenced his decision to donate sperm. Because the participant had been adopted, he felt it was important for him to have a blood relation and this featured very prominently in the conversation. This was spoken of as something more than a base for security and seemed to refer

to a unique type of bond. Further, to have this unique bond as an adopted gay man, the participant perceived that donating sperm would provide a chance to have this:

“I had quite a secure family, quite a loving family, but didn’t have anybody necessarily that was my blood relation” (P3.L20-22).

In addition, there was a sense that the participant was driven to father a child before he became HIV+. He described that among the gay community at that time, there was a false belief that HIV was considered as a ‘fait accompli’. This meant that having a child was almost a race against time as the participant knew this would not be possible if he contracted the HIV virus.

“There was always an expectation that I was going to become HIV+ in some way, and I think for me it was, there was a sense of relief that at least I’d have a child before that had happened” (P10. L45-P.11 L2).

Need to connect to child

Throughout the child’s life the participant described a strong desire to connect to the child. This seemed to borne out of a fear that he was losing the opportunity to have the experience of seeing a child grow up, to be a father, and to have a father-son relationship. This was placed in the context of the passing of time.

“I always thought about him every day, I suppose and things, and I always felt like his father” (P13. L21-23)

Social and political factors

In the past, the participant had been a member of a political movement for gay rights and felt compelled to challenge that heterosexism was a social norm. If sexuality was genetically determined, there was a concern that as more gay people were ‘coming out’, they would have less children, and therefore there would be less gay people over time.

“none of us were having children anymore, we were going to be the last generation”
(P4, L19-17).

Fantasy vs. reality of present and hoped for future

The superordinate theme of fantasy vs. reality of the present and what was hoped for in the future emerged from three stage two themes: hoped for future; the reality; and, pseudo-legal agreements.

Hoped for future

Throughout the interview, the participant stated that he always hoped the child would contact him at some future point. The fantasy of how he was going to be

introduced to his child was a frequent topic of conversation. This was often accompanied with talk about how he had hoped their relationship would develop.

“I thought it would be this kind of smooth, I’d give sperm, he’d turn 18, we’d be father and son and off we go” (P24. L8-10)

The reality

The actual timing of the introduction to the child was much sooner than the participant had anticipated. Thus, the fantasy of the introduction was not met out. Additionally, the participant had envisaged that the introduction would take place at time when life circumstances would be very different from how they actually were.

“I would be settled in my lovely house, with, you know, my life partner...but, I’m still doing a lot of professional development and stuff and having to take somewhat a step down materially” (P18. L7-12)

The reality of the father-son relationship was that it was still very much developing, but in a very positive way. However, the participant felt that he was not a real father because of a number of factors: he has no say in decisions that effect the child; there had been a significant gap in the child’s life where he was not present; and, he had only ever been referred to as ‘the donor’ rather than biological father which he recounted with a certain amount of regret.

“Am I a father in the sense that I just get to do nice things with him?” (P22. L12-13)

Pseudo-legal agreements

The participant and the mother of the child had entered into a pseudo-legal agreement where the participant had no parental rights. The fantasy was that after contact, this might be relaxed. However, in reality, the participant was still very much held to the agreement and this was causing some discontent which he did not share with the child’s mother. The legal agreement was set up as a safeguard for the mother so that she could have flexibility to live where she chose, and bring the child up according to the way she thought was best. There was some concern expressed by the participant’s father about how the legal arrangement might impact the child; that there may be psychological consequences for the child who would have no contact with its father. However, the participant stuck firmly to the legal arrangement because he saw it as a measure of trust.

“I really wanted to see him, but I had made an agreement and I wanted to stick by my agreement...I think I was right to do that because one of the things that made her happy for him to have more contact with me now is that I stuck by what I said I was going to stick by and so she felt she could trust me” (P12. L43-45, P13. L3-8).

The dominant discourse of society

The superordinate theme of the dominant discourse of society emerged from two stage two themes: social norms and social difference.

Social difference

During the interview, the participant often mentioned that being gay at the time when he donated sperm was different to being gay now. He explained that in his opinion, there was almost a 'gay underworld' where sexuality was concealed except from those who shared the same sexuality. This engendered a feeling of separateness from mainstream society. The participant mentioned how different it seemed to be for young gay people and that society was much more accepting of difference. However, even society's acceptance had not quite been internalised within the child, and the participant thought that there was evidence that the child wished to be seen to 'fit in' amongst his peer group. This was in the sense that the child did not openly advertise that he was conceived by DI.

"I think it is kind of hard to go into secondary school and go, oh, I have a donor, and here is my lesbian mother and my gay father...I think he describes it much more conventionally" (P16. L16-20)

On a more positive aspect, the participant felt encouraged that the child was exposed to difference, this having the perceived effect that his child was more open to difference and empathic about it.

Social norms

The participant described that being a father had, in a way, reconnected him to society. Prior to being a father he had felt part of a minority group for so long. Therefore having a child had, in some way, helped him to think of himself as more normal.

“It reconnects me to my wider community I think, where in some ways my sexuality disconnects me” (P26. L43-45)

In addition to this, the participant described thinking that fatherhood and having a child, particularly a boy, reaffirmed his masculinity.

“It felt kind of connected in some way to my masculinity I suppose in the sense of I have a son, I’ve fathered a child” (P13. 32-34)

Effects of being gay and having donated sperm

The superordinate theme of the effects of being gay and having donated sperm emerged from two ‘stage two’ themes: positive effects and negative effects.

Positive effects

The participant described that, in his view, there were positive perceptions amongst the lesbian community toward gay men who wanted to donate sperm. The

participant has had many requests to donate to lesbian couples who, according to the participant favour sperm donation from gay men rather than straight men. Attributes such as non-judgemental and non-homophobic appeared prominently in the conversation, particularly in relation to the context of time and changing social attitudes. The participant suggested that because gay men already live an alternative sexuality, lesbian women view gay men as safer to have a child with because they presume gay men are more flexible in their parenting styles and commitments to their children.

“there’s a different diversity of sexuality, there’s also diversity of opportunity...it’s about negotiating what everybody needs rather than trying to fit a particular model”
(P20. 23-27)

In addition, the participant suggested that he received much joy and positive affect from having the child in his life.

Negative effects

There were also some significant personal negative effects. The participant described a sense of isolation from the gay community because he felt that he did not fit into any category of ‘father’.

“where do I go even though I’ve not met any other gay men that have donated or have children they are in contact with” (P23. L8-10).

In addition to this, the participant described some instances where being a sperm donor has had a negative influence on his romantic relationship. He described the dilemma of having to decide at what point in a relationship he would have to disclose that he has a child from a being sperm donor.

Discussion

This study describes a number of themes derived from an Interpretative Phenomenological Analysis (IPA) which relate to the experience of a gay man who donated sperm to a lesbian friend and was subsequently contacted by the resultant child. The themes highlight socio-cultural and psychological issues pertinent to the participant being gay and desiring to be a gay father in a heterosexist society; and fathering a child via sperm donation, waiting to be contacted and being contacted by the child.

The first theme describes the forces which led to donating sperm and these were interpreted as being both internal and external in nature. External forces were considered to be more social and political. The internal desire to want for a child featured strongly in the interview with the participant and is consistent with the finding of Bigner & Jacobsen (1989a). The sense of being apart from the child and that passing time meant a loss of involvement with the child emerged alongside the lack of opportunity to be a father.

The second theme seemed to capture the issues that arose as a result of donating and subsequently being contacted by the child. There was a recurrent wish for contact, but the pseudo-legal agreement with the child's mother was perceived as a measure of trust and prevented the father from making first contact. Encapsulated in this was

a fantasy that the participant's life circumstances would have been different when the child made contact.

The third theme relates to the social influences surrounding being a gay father and the perception the father has of the child growing up in a heterosexist society. A number of issues related to being a different type of father and child straddling both conventional and non-conventional society arose with a feeling of not 'fitting in' to one or the other and may be considered similar to the notion that fatherhood is associated with heterosexuality (Bigner, 1999).

The fourth theme captured what effect being a gay man had on the process of donating. This was found to have positive and negative implications for the recipient and donor, and perhaps more negative implications for the donor.

Clinical and Research Implications

Given the sample size, one needs to be cautious about recommending clinical implications. Clearly further research could be carried out with a larger sample to determine whether the emergent themes are common to this population. However, the themes that have emerged from this research may provide a useful basis to discuss donor issues in a clinic setting in the meantime. Although this participant did not report strong psychological morbidity related to the experience, issues of loss did emerge. In addition, a feeling of being reconnected to society by being a father implies a previous sense of isolation. However, this was also stated with a sense of

not fitting into gay or straight community. Feelings of being a false father invite role confusion which may have implications for bonding and attachment. Given the increase in the number of children being born via self and donor insemination, research needs to be carried out with children and parents to determine their needs, and how these needs can be supported.

In addition there are other groups which should be researched e.g. gay donors who had not been contacted by the child – what do they experience? How do gay donors who have a parenting role negotiate this and what difficulties does this produce? What is the experience of anonymous gay donors?

Limitations of the Study

One of the most limiting factors in this study is that there is one participant with his own quite distinctive history and experiences. As a matter of course, this means that the data collected and analysed in this study represents the experiences of that individual only. In addition, the interview is a retrospective account and therefore may be prone to biases associated with reconstructed memory.

The conversation has been interpreted by one of the authors of this study. With each level of abstraction, it could be argued that more personal biases have been introduced. However, to counter this, reliability checking has been carried out.

Personal Reflections

Reflexive consideration given to the interview and the data analysis may reveal both a positive and negative influence. The principal author of this paper is a gay father and the participant was aware of this. On a positive note, a sense of being able to relate to the participant quickly seemed to build rapport and openness. The interviewer being a member of the gay community may have paved the way for a frank conversation without fear of being judged on grounds of sexuality.

On a more negative note, it could be argued that there is the possibility of the interviewer and participant colluding to ensure the gay community is not seen in a bad light. More negative aspects of being a gay sperm donor may not be investigated as rigorously. However, making explicit this point before the interview, the interviewer was careful to ensure this did not take place.

To ensure the researcher did not overly tarnish the data with his own subjectivity, the analysis of the interview was sent to the participant inviting him to make comments. No comments were received and it was therefore assumed that the account of his experience was acceptable to him.

References

Bigner, J.J. (1999). Raising our sons: Gay men as fathers. **Journal of Gay & Lesbian Social Services, 10:** 61-77.

Bigner, J.J. and Jacobsen, R.B. (1989a). Parenting behaviours of homosexual and heterosexual fathers. **Journal of Homosexuality, 18:** 173-186.

Brewaeys, A. (2001). Review: parent-child relationships and child development in donor insemination families. **Human Reproduction Update, 7:** 38-46.

Chabot, J.M and Ames, B.D. (2004). "It wasn't 'let's get pregnant and go do it':" Decision making in lesbian couples planning motherhood via donor insemination. **Family Relations, 53:** 348-356.

Daniels, K., Lalos, A., Gottlieb, C and Lalos, A. (2005). Semen providers and their three families. **Journal of Psychosomatic Obstetrics & Gynaecology, 26:** 15-22.

Golombok, S., MacCallum, F., Goodman, E. and Rutter, M. (2003) Families with children conceived by donor insemination: a follow-up at age twelve. **Child Development, 37:** 952-968.

Hare, J. and Richards, L. (1993). Children raised by lesbian couples: Does context of birth affect father and partner involvement. **Family Relations**, **42**: 249-255.

Lalos, A., Daniels, K., Gottlieb, C and Lalos, O. (2003). Recruitment and motivation of semen providers in Sweden. **Human Reproduction**, **18**: 212-216.

Martin, A. (1993). **The Lesbian and Gay Parenting Handbook: Creating and Raising Our Families**. Harper Perennial, New York. In Chabot, J.M and Ames, B.D. (2004). "It wasn't 'let's get pregnant and go do it':" Decision making in lesbian couples planning motherhood via donor insemination. **Family Relations**, **53**: 348-356.

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. **Qualitative Research in Psychology**, **1**: 39-54.

Smith, J.A., Jarman, M. and Osborn, M. (1999) Doing interpretative phenomenological analysis. In Morrey, N and Chamberlain, K. (Eds), **Qualitative Health Psychology: Theories and Methods**. Sage, London.

Smith, J.A. and Osborn, M. (2003) Interpretative phenomenological analysis. In Smith, J.A. (Ed), **Qualitative Psychology: A Practical Guide to Research Methods**. Sage, London.

Stevens, M., Perry B., Burston, A., Golombok, S. and Golding, J. (2003). Openness in lesbian-mother families regarding mother's sexual orientation and child's conception by donor insemination. **Journal of Reproductive and Infant Psychology, 21:** 347-362.

Chapter Four

Reflecting on my personal experience of Reparative
Therapy

Word Count: 2882

Reflections on Reparative Therapy

This reflective paper will contain reflections on my experience of reparative, or conversion therapy. This paper is not intended to be Political standpoint on the use of reparative therapy, but is a reflection of my experience as I see it. To give these reflections a context, I will first provide a narrative of how I came to have reparative therapy and of my experience of the therapy itself. Following this I will reflect on the therapy and consider the implications for clinicians, and for gay men and lesbians.

My story

My experience of reparative therapy first began when I was 23 years old. During my early teenage years I had become a member of a religious organisation following a period of extreme self-loathing because I'd had a few very mild dalliances with other boys. Although I knew that the church's views on homosexuality were contrary to my experience, it seemed to me as a place to become a better person, which, in those days meant: not gay. I had spent many years successfully keeping my homosexuality at bay, however, despite my strengthening religious faith I had, on occasion, 'strayed' when the opportunity presented itself. Following the sudden death of a close friend in a car accident, I spent some time reflecting on my own mortality and felt that I did not want to die 'in sin'. I therefore went to my local ecclesiastical leader who referred me to a church run therapy programme to undergo what I now know was reparative therapy.

The basic premise of this therapy is that it is possible for an individual to change their sexual orientation from homosexual to heterosexual; interestingly, it is not a premise that an individual can change their sexual orientation from heterosexual to homosexual (Mills, 1999). I embarked on reparative, or conversion therapy full of enthusiasm and desperation to get 'fixed'. At my first session, my therapist presented me with the information that it was really possible to change from being gay to be straight. However, before therapy could begin, I had to make a choice of whether I thought I would be "happier being a gay man, or happier living 'closer to God'". The choice seemed obvious back then and was considered only as an either/or option. I left that first session full of hope for the future that I might one day be able to be free of the awful 'condition' that tortured me.

During the next few sessions I was presented with various theories related to what made people homosexual. These theories were centred around inhospitable family dynamics and an individual's perception of the interactions between them and other family members. It was made clear that at some point, to manage "the terrible" family dynamics, that I must have chosen homosexuality as a coping mechanism. I read several books on the subject (Moberly, 1983; Konrad, 1992) and for the first time I was heartened by an open discussion of something I thought so terrible. I was thrilled to read anecdotes of non-gay individuals who went on to marry and have children, and I could really relate to the struggles of other men who were torn between their attractions to men, and devotion to God.

Being able to confide in my therapist about the darker side of my life was extremely liberating, and having a time to talk about these issues was unique. We soon identified that I was gay because I perceived that my father was physically abusive. In a state of fear, I generalised that all men were physically abusive and therefore identified with females more readily. This was to the neglect of relationships with males. On reaching puberty my inherent drive to associate with males became sexualised to the point that instead of wanting to be with men, I wanted men. It therefore seemed perfectly instinctive that the way to treat this affliction was to spend more time socialising with heterosexual men and doing masculine 'things'. I was soon assigned a male mentor and embarked on the most fervent of efforts to be straight. I prayed relentlessly and fasted many, many times. I did all my homework, I was the perfect client. I learned that when I was attracted to men, I was fragmenting them and admiring the things about them that I lacked in myself. For example, being attracted to blonde hair was because I wanted blonde hair; being attracted to men with a sense of humour was because I wanted to be as humorous as they were. I was assured that should I act on my impulses to be with these men, I would soon grow tired of them as I was not attracted to them as whole people. I would find myself desolate and empty, because what I really needed would remain unfulfilled until my relationship with 'normal' men improved.

The more the teaching went on, the more I believed, unquestioningly. I didn't want to be the man who didn't try hard enough to change and therefore failed. I didn't want to be the one whose faith wasn't strong enough to effect change. And, I didn't

want to be the one who would end up an empty, sad old man with nothing and nobody in my life.

The evaluation of the outcome of therapy seems unclear to me now, but I felt more able to manage my attractions to men. That said, a comment in my journal that I kept at the time reminds me that immediately following my final therapy session I went on holiday to India and was extremely disappointed to still be attracted to men on the beach. I could not bear to think the therapy, and the money I paid to have it, had not changed me. My experience of still being attracted to men felt like I was a failure. However, I soon rationalised that I could not expect to be completely 'healed' straight away, but that this would continue over time. That particular belief was shattered when I saw an e-mail from a member of a 'same-sex attraction discussion group' stating that although he had not been with a man for 28 years, he was finding it torturous to carry on feeling attracted to other men.

At around the same time I began my undergraduate psychology degree and was learning to ask more questions, and be more critical of psychological theories. It was not before long that I discovered a very scant evidence base supporting the use of reparative therapy. I realised that this therapy was only used in conjunction with religious organisations and that the minute data available supporting reparative therapy came from such organisations. I was still experiencing attractions to men despite getting married and making every effort to 'integrate' into masculine realms. In my inner thoughts I was having to face the fact that this therapy had not changed

my sexual orientation and I was faced with the decision to live a life unfulfilled, or identify as homosexual. I knew of no professional services that were available to help navigate myself through this very turbulent time.

My reflections

Happily, I now live with my homosexual behaviour in congruence with my thoughts and feelings, for the most part, but I do look back over the course of those five years with many elements of regret. My reflections on the experiences described above lead to me seek out learning points as a way to give the process some element of value in my life.

The initial phase of therapy lifted me because I could finally talk about a dark secret that tormented me. However, when asked the question as to whether I would rather be gay than be closer to God, there was no space given to reflect on this decision. I was slightly fearful that stating I wanted to be gay would have been the wrong thing to say, so with a quick therapist-affirming statement, therapy was undertaken immediately. This reminds me of the systemic work I undertook on my learning disabilities placement where one of the first questions I was taught to ask was ‘whose problem is this?’ Or in other words, carefully consider whether this is a problem only because other people think that it is. I now like to remember the words of Schreier (1998) who summarised his paper published in the Journal of Mental Health Counselling ‘where there is no illness, there is no cure’, a tenet that certainly rings true for me personally, but also professionally.

Also during the initial phase of therapy, my wholehearted acceptance of the theory of defensive detachment and fragmentation leads me to question to what extent our clients, in desperation for an answer that explains their problems, fixate on aspects of the information we give them. At a time in my life when I was very vulnerable, I certainly grasped the first explanation without considering others. It is only now that I realise there are many disputations about the causes of homosexuality and I currently adhere to a more interactionist explanation. Indeed I realise now that an abusive father does not necessarily cause a child to develop same-sex attractions and that there are many people who have had an abusive father and not been gay. The power of a therapist to facilitate a belief at a very precarious time in a person's life needs to be borne in the therapist's mind and one should be cautious about presenting theory as fact. Further to this, my age meant that I had a narrow view of life and my background led me to be unquestioning of authority figures. This way of thinking is not uncommon and leads me to ponder the influence clinicians can have when in therapeutic contact with young people and how suggestions might be construed as truths. In my view, even the most humanistic of therapists will be held, to a greater or lesser extent, in a position of authority by those in their care by the very nature of client/therapist relationship.

Whilst reflecting on the role of religion in a therapeutic context, I understand that a large body of individuals within our society gain strength and much happiness from having religion in their lives. Indeed, I have also observed many people do much

good in the name of religion. However, my experience of reparative therapy does cause me to question how helpful it is to maintain a belief system that stigmatises gay men and lesbians even in the face of the current evidence that suggests homosexuality is not a lifestyle choice, and cannot be changed (Schreier, 1998; Ford, 2001; Jenkins & Johnston, 2004). Sadly, this tends to be an irresolvable argument between scientists and religionists and does beg the question as to where the scientist-practitioner stands between these ever widening poles. There continues to be a lack of evidence base to support reparative therapy. Indeed, there is a heated debate amongst clinicians who treat issues related to homosexuality rather treat homosexuality, that, contrary to helping individuals, reparative therapy can have a negative effect on self esteem and can lead to depression, social isolation and sexual dysfunction (Haldeman, 2001). This knowledge highlights to me that as scientist-practitioners, clinical psychologists must be very aware of the biases behind any evidence base, and this does not only apply to reparative therapy, but needs to be more generalised to evidence as a whole. Further still, clinicians must question the evidence base even when it appears to have no bias and should consider an evidence base within a cultural, historical and social framework, and acknowledge that in a sense evidence should be viewed from a relativist perspective. For example, until 1973, homosexuality was considered a mental disorder within the American issued DSM.

However, I realise that at times, the evidence base will run contrary to a value base. Of course, therapists come to sessions with their own beliefs and values systems and

while a clinician may try to suspend these, I do wonder to what extent this is possible. I myself cannot claim to be able to do this, and there are many behaviours clients engage in that run contrary to my values. For example, I often meet parents either socially or in therapy who smack their children. A situation such as this encourages me to reflect that although I feel at odds with this behaviour, it does not mean that I should denounce it. To aid resolution to this dilemma a solution may lie in making ones own values explicit to a client, but stating them as a personal choice and only one position. Hopefully this should facilitate congruence within the therapist, and therefore foster a more genuine therapeutic relationship. In addition, whilst realising that some problem maintaining values and beliefs can be gently questioned from a non-judgemental stance, a client has every right to have their beliefs respected, as does the therapist.

On considering the steps I took to 'get better', fasting and prayer were integral to the process. This was because these were reported to have great faith-strengthening properties and that faith would heal me. In addition, there was the idea that I could also be forgiven. Reparative therapy is laden from a standpoint that homosexuality is wrong and that practicing individuals are sinful. An individual who is showing little progress can easily perceive that this is because they are not doing enough to change and that they do not have enough faith. As well as the detrimental impact on the client's self-esteem and already diminishing self-worth (Johnston & Jenkins, 2004), the fervent therapist may also view themselves as failures. This may lead them to advise additional praying and fasting and the client can find themselves in a

cycle of all that they can do is not enough. Of course, as clinical psychologists we should try to reflect appropriately on the reasons a client may not be improving and return to our formulations to identify maintenance cycles.

Towards the end of therapy there began to arise in me the impression that getting married would be a sensible course of action. Of course, this was to have disastrous consequences. However, because within the religion I was a member of, marriage was reported to be the highest state of happiness, and that without being married one could not achieve their full heavenly potential, it is no wonder I chose to do this. To me, this was also a way to tell the world I was 'normal' after feeling stigmatised for so long. The point of relevance of this to me now is that as a clinician, I need to agree with the client and be very clear of what the expected outcomes of a therapy may be.

Relapse prevention is always a strategy that I like to discuss with each client towards the end of therapy. However, I realise that when it came to 'relapse' within me, I largely ignored the signs because I could not bear to be considered a failure. For this reason, attractions to men whilst walking along the beach in India were swept emphatically out in the ocean with a clever rationalisation with which to keep my pride intact. Reflecting on this for clients, identifying relapses is all well and good, but, if we fail to consider what it might mean to the client to have a relapse it may be futile.

Reflecting on reflecting

Writing this reflective paper has given some sort of semblance to the thoughts I have had on my experience of reparative therapy. It has allowed me to find some element of closure to the experience as I have given words to whirls of previously unformed thoughts I have been carrying around in my head for many years. It has been cathartic for me and has helped me to explore my experience and has reminded me of how life can be 'the other side of the chair'. Meta-reflecting has also helped me to see how I can use my own experience of therapy to good ends in hopefully becoming a better therapist myself. In addition, by revealing the elements of an important experience in my life, I hope that other therapists will reflect on the clinical issues raised within this paper and consider them in their practice.

On another personal note, reading the literature and conducting the research interviews for this thesis has helped me to remember that I am not alone as a gay man who struggled to disclose his sexuality, nor am I alone as a gay father. I have been touched by the stories of the men who have disclosed to their children and it is heartening for me to hear that, for the majority, their relationships continue to flourish. I am confident that when I feel the time is right to disclose my homosexuality to my own children that I can use the model developed here to better understand the processes that may ensue.

References

Ford, J.G. (2001). Healing homosexuals: A psychologist's journey through the ex-gay movement and the pseudo-science of reparative therapy. *Journal of Gay & Lesbian Psychotherapy*, 5 (3-4), 69-86.

Haldeman, D.C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapies. *Journal of Gay & Lesbian Psychotherapy*, 5 (3-4), 117-130.

Jenkins, D. & Johnston, L.B. (2004). Unethical treatment of gay and lesbian people with conversion therapy. *Families in Society*, 85 (4), 557-561.

Konrad, J. (1992). *You don't have to be gay: Hope and freedom for males struggling with homosexuality or for those who know someone who is*. California: Pacific Publishing House.

Mills, K.I. (1999). *Mission impossible: Why reparative therapy and ex-gay ministries fail*. Washington D.C: Human Rights Campaign.

Moberley, E. (1983). *Homosexuality: A New Christian Ethic*. New York: James Clark & Co. Ltd.

Schreier, B.A. (1998). Of shoes, and ships and sealing wax: The faulty and specious assumptions of sexual reorientation therapies. *Journal of Mental Health Counselling*, **20** (4). 305-314.

Appendices

Appendix 1 – Instructions for authors: Journal of Reproductive & Infant Psychology

Instructions for Authors:

[Click here to check your article status](#)

*****Note to Authors:** please make sure your contact address information is clearly visible on the **outside** of all packages you are sending to Editors.***

Journal of Reproductive and Infant Psychology welcomes reports of original research and creative or critical review articles which make an original contribution. Articles should not currently be submitted for publication elsewhere.

Topics of interest to the journal include medical, behavioural, cognitive, affective, dynamic, psychological, societal and social aspects of: fertility and infertility; menstruation and menopause; pregnancy and childbirth; antenatal preparation; motherhood and fatherhood; neonatology and early infancy; infant feeding; early parent-child relationships; postnatal psychological disturbance and psychiatric illness; obstetrics and gynaecology including preparation for medical procedures; psychology of women.

The journal also publishes brief reports, comment articles and special issues dealing with innovative and controversial topics. A review section reports on new books and training material.

Studies of both human and animal subjects are welcome.

Papers should be sent in the first instance to the Editor:

Co-Editors:

Dr. O.B.A. van den Akker, Reader in Health Psychology, Psychology Group, Life & Health Sciences, Aston University, Aston Triangle, Birmingham, B4 7ET, UK

Dr. Margaret Redshaw, National Perinatal Epidemiology Unit, University of Oxford, Oxford, OX3 1LF, UK

Associate North American Editor: **John Worobey**, Department of Nutritional Sciences, Rutgers University, New Brunswick, NJ 08903-0270, USA

Book Review Editor: **Dr Robert Drewett**, Department of Psychology, University of Durham, Science Site, South Road, Durham, DH1 3LE, UK

Associate Continental European Editor: **Prof. Dr Axel Schoelmerich**, Fakultät für Psychologie, Ruhr-Universität, Bochum, D-44780, Bochum, Germany

Authors are encouraged to submit manuscripts electronically. Electronic submissions should be sent as email attachments using a standard word processing program, such as MSWORD or PDF. If email submission is not possible, please send an electronic version on disk along with three paper copies together with one set of high quality figures for reproduction.

Contributions should be as concise as possible and should not normally exceed 5000 words or the equivalent lineage including tables and figures. The title should be brief but precise. Each paper should be accompanied by an abstract of not more than 200 words.

Papers should be typed on A4 or equivalent paper, on one side, double spaced with margins of not less than 3.5 cm. Sheets should be numbered consecutively at the head. The top copy and two good copies should be submitted.

Papers are refereed anonymously. The author's name and address should therefore appear under the title on a separate page. The title and abstract should appear on the first page of text. Authors who wish to ascertain in advance the criteria on which submissions are judged may obtain a copy of the blank referee's form from the editors.

Tables should be typed double spaced on separate sheets, or spaced sufficiently to be distinct in the case of small tables. They should be numbered in sequence in arabic numerals and referred to in the text as 'Table 1' etc. Large tables of more than six lines should be titled in order to make the contents comprehensible independently of the text.

Diagrams, graphs, drawings and half-tone illustrations should be on a separate sheet labeled 'Fig. 1' and so forth. Each sheet should carry at the top the title of the article. Where possible they should be submitted as artwork ready for photographic reproduction, larger than the intended size. Where more than one figure is submitted, they should as far as possible be to the same scale. When submitting articles on disk (see below) figures should be supplied as separate TIFF or EPS files if possible.

References in the text should cite the author's name followed by the date of publication unless there are more than two authors where only the first author's name should be given followed by 'et al.'. References should be listed at the end of the paper in alphabetical order by first author, but including all authors, in the following format with titles of articles, books and journals given in full.

Berryman, J.C. and Windridge, K.C. (1993) Pregnancy after 35: a preliminary report on maternal-fetal attachment. **Journal of Reproductive and Infant Psychology**, **11**: 169-174.
Berryman, J.C., Thorpe, K.J. and Windridge, K.C. (1995) **Older Mothers: conception, pregnancy and birth after 35**. Pandora, London.
Reid, M. (1990) Prenatal diagnosis and screening. In Garcia, J., Kilpatrick, R. and Richards, M.P.M. (Eds), **The Politics of Maternity Care**, pp. 300-324. Oxford University Press, Oxford.

SI units should be used for all measurements. Imperial measurements may be quoted in brackets. Where studies involve small numbers of subjects, both numbers and percentages of groups should be given.

Authors are advised to avoid sexist sentiments and language, except insofar as these form part of a study.

After notification of acceptance of a paper, authors should, if possible, send a copy of the final version in PC format as a word-processed document on a 3.5" or 5.25" floppy disk (Apple Macintosh formats can be accepted, but not Amstrad's Locoscript on CF2 disks) to the accepting editor.

Manuscripts and correspondence concerning publication of articles will only be kept for 3 years by the Editors.

Page proofs will be sent to the author submitting each article. Correction of typographical errors only will be permitted at this stage. Textual alterations may be charged to authors in exceptional circumstances.

Early Electronic Offprints: Corresponding authors can now receive their article by e-mail as a complete PDF. This allows the author to print up to 50 copies, free of charge, and disseminate them to colleagues. In many cases this facility will be available up to two weeks prior to publication. Or, alternatively, corresponding authors will receive the traditional 50 offprints. A copy of the journal will be sent by post to all corresponding authors after publication. Additional copies of the journal can be purchased at the author's preferential rate of £15.00/\$25.00 per copy.

For further guidance on general aspects of manuscript preparation authors should consult APA or BPS Manuals for Contributors.

Copyright. It is a condition of the publication that authors vest or license copyright in their articles, including abstracts, in Society for Reproductive and Infant Psychology. This enables us to ensure full copyright protection and to disseminate the article, and the journal, to the widest possible readership in print and electronic formats as appropriate. Authors may, of course, use the article elsewhere **after** publication without prior permission from the publisher, Society for Reproductive and Infant Psychology, provided that acknowledgement is given to the Journal as the original source of publication, and that Taylor & Francis is notified so that our records show that its use is properly authorised.

Appendix 2 – Instructions for authors: Journal of Homosexuality

Name of journal:

Journal of Homosexuality

Please note the following:

1. **PUBLICATION:** Your article is currently scheduled to appear in

VOLUME:

ISSUE:

2. **TYPESETTING:** Your article will be sent to the Print Journal Production Department of The Haworth Press, Inc. They will typeset your article (from the required computer disk) exactly as submitted. In order to efficiently typeset the print version and to quickly produce a preliminary (before proofreading) electronic version, we require that all manuscripts be submitted conversion-ready. This means that the article on your computer disk must be clearly written with no errors of spelling, grammar, or punctuation. Also, inconsistencies must be avoided. Please refer to the Instructions for Authors for further submission requirements. Please note that you will not be receiving galley proofs. The production staff will proofread the galleys, for typesetting errors, against the final version of the manuscript as submitted. (NOTE: Revisions to the galleys are not allowed.) **The disk *must* be the one from which the accompanying manuscript (finalized version) was printed out.**

3. **PREPARATION OF TABLES, FIGURES, AND ILLUSTRATIONS:** Any material that is not textual is considered artwork. This includes tables, figures, diagrams, charts, graphs, illustrations, appendices, screen captures, and photos. Tables and figures (*including* legend, notes, and source) should be no larger than 4 ½ x 6 ½ inches. Type style should be Helvetica (or Helvetica Narrow if necessary) and no smaller than 8 point. We request that computer-generated figures be in black and white and/or shades of gray (preferably no color, for it does not reproduce well). Camera-ready art must contain no grammatical, typographical, or format errors and must reproduce sharply and clearly in the dimensions of the final printed page (4 ½ x 6 ½ inches). Photos and screen captures must be on disk as a TIFF file, or other graphic file format such as JPEG or BMP. For rapid publication we must receive black-and-white glossy or matte positives (white background with black images and/or wording) in addition to files on disk. Tables should be created in the text document file using the software's *Table* feature.

4. **SUBMITTING ART:** Both a printed hard copy and a disk copy of the art must be provided. We request that each piece of art be sent in its own file, on a disk *separate* from the disk containing the manuscript text file(s), and be clearly labeled. We reserve the right to (if necessary) *request new art*, *alter art*, or if all else has failed in achieving art that is presentable, *delete art*. If submitted art cannot be used, the Publisher reserves the right to redo the art and to charge the author a fee of \$35.00 per hour for this service. The Haworth Press, Inc. is not responsible for errors incurred in the preparation of new artwork. Camera-ready artwork must be prepared on separate sheets of paper. Always use black ink and professional drawing instruments. On the back of these items, write your article title and the journal title lightly in soft-lead pencil (please do not write on the face of art). In the text file, skip extra lines and indicate where these figures are to be placed. Photos are considered part of the acceptable manuscript and remain with the Publisher for use in additional printings.

5. **REPRINTS:** Shortly after publication you will receive an order form for purchasing quantities of reprints. (About three weeks after publication, the senior author will receive two complimentary copies of the issue as well as complimentary reprints of the article. Junior author(s) will receive two

complimentary copies of the issue.) Please note that preparation of reprints takes about eight weeks additional time after the actual issue is printed and in circulation.

PUBLICATION AGREEMENT

Your Article cannot be officially accepted by The Haworth Press, Inc. until the Limited Copyright Transfer Form is signed by ALL ITS AUTHORS.

1. **AUTHOR RE-USE OF WORK:** Both as a professional courtesy and in recognition of contemporary needs of authors/researchers/information providers and users in a globally connected information cybersystem, copyright transfer is *limited* to the extent that the author(s) or the author(s)' employer (if applicable):
 - a) retain PROPRIETARY RIGHTS, other than copyright, such as patent rights in any procedure, process, or means of manufacture depicted in the contribution;
 - b) retain ORAL PRESENTATION RIGHTS;
 - c) retain PREPRINT DISTRIBUTION RIGHTS, including posting as electronic files on the contributor's own Web site for personal or professional use, or on the contributor's internal university/corporate intranet or network, or other external Web site at the contributor's university or institution, but not for either commercial (for-profit) or *systematic* third party sales or dissemination, by which is meant any interlibrary loan or document delivery systems. The contributor may update the preprint with the final version of the article after review and revision by the journal's editor(s) and/or editorial/peer-review board;
 - d) retain PHOTOCOPYING, ONLINE TRANSMITTAL, OR DOWNLOADING RIGHTS to any colleagues for the advancement of scientific research (with the exception of systematic distribution as described in section 1c);
 - e) retain REPUBLICATION RIGHTS in any book written or edited by the contributor himself or herself, in any edited work for which the contributor is the sole editor or senior editor, or teaching coursepak [coursepack] prepared or written by the contributor.

For any of these uses, no further permission is necessary in writing from The Haworth Press, Inc., nor will the Press require fees of any kind for the reprinting. However, we do require that the following conditions be met when re-using the material:

- 1) Include a standard copyright line: copyright date, publisher's name, city and state, journal and article title, volume, issue, and page number(s);
- 2) Include the following information: Article copies available from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com>;
- 3) If reprinted electronically, include a hyperlink/hot link to The Haworth Press, Inc. home page. Our URL is <<http://www.HaworthPress.com>>;
- 4) If reprinted electronically, there must be no charge for viewing the article.

This statement is intended to provide full description for the *limitation of copyright* transferred to The Haworth Press, Inc., and to set forth the support by the Publisher for dissemination in a modern Internet and cyber-connected society.

2. **LIMITED COPYRIGHT TRANSFER:** In consideration for publication and dissemination of our work, if accepted and published by the journal noted on the Limited Copyright Transfer Form, the Author(s) agree to transfer copyright of the Work to The Haworth Press, Inc., including full and exclusive rights to publication in all media now known or later developed, including but not limited to electronic databases and microfilm/microform, electronic journal format, anthologies of any kind, single-copy distribution through a distribution system, and as part of any aggregate (i.e., multiple journals distributed together as a package) print or electronic subscription or publication of any kind, and in any format now known or later developed with exceptions and limitations noted in AUTHOR RE-USE OF WORK listed above in paragraph #1. (NOTE TO U.S. GOVERNMENT EMPLOYEES: SEE YOUR EXEMPTION, PARAGRAPH #5 BELOW.)
3. **AUTHOR WARRANTIES:** The author(s) represent(s) and warrant(s):
- a) that the manuscript submitted is his/her (their) own work;
 - b) that the work has been submitted only to this journal and that it has not been submitted or published elsewhere;
 - c) that the article contains no libelous or unlawful statements and does not infringe upon the civil rights of others;
 - d) that the author(s) is (are) not infringing upon anyone else's copyright;
 - e) that the author(s) is (are) responsible for disclosing potential conflicts of interest that might bias the work;
 - f) that the author(s) will indicate when informed consent has been obtained regarding identification of patients;
 - a) that the author(s) will indicate (if animals were used during research) whether the institutional and national guide for the care and use of laboratory animals was followed, and that the work does not encourage or include material promoting the abuse of animals.
- For appropriate manuscripts, familiarity with the guidelines outlined in the "Uniform Requirements for Manuscripts (URM) Submitted to Biomedical Journals" of the International Committee of Medical Journal Editors (<http://www.icmje.org>) and the "Editorial Policy Statements" of the Council of Science Editors (http://www.councilscienceeditors.org/services/draft_approved.cfm) is encouraged.
- The author(s) agree(s) that if there is a breach of any of the above representations and warranties that (s)he (they) will indemnify the Publisher, Editor, or Guest Editor and hold them harmless.
4. **MATERIALS RETAINED BY THE PUBLISHER:** Photographs and illustrative material are considered part of the manuscript, and must be retained by the Publisher for use in additional printings in case the journal issue or reprint edition needs to be reprinted.
5. **NOTE FOR U.S. GOVERNMENT EMPLOYEES:** *If the article is single-authored by a U.S.*

government employee as part of his/her official duties, it is understood that the article is not copyrightable. It is called a "Work of the U.S. Government." However, if the article was not part of the employee's official duties, it may be copyrighted. If the article was jointly written, the authors understand that they are delegating the right of copyright to the nongovernment employee, who must sign this agreement.

6. **"WORK FOR HIRE" AUTHORS:** If the article was written by an author who was hired by another person or company to do so, the article is called a "Work for Hire" manuscript. This agreement must then be signed by the "employer" who hired the author, as well as the author.
7. **NO AMENDMENTS:** No amendments or modifications of the terms of this Agreement are permissible unless same shall be in writing and signed by a duly authorized officer of The Haworth Press, Inc. No Journal Editor, Guest Editor, or Special Issue Editor is authorized to waive, amend, or modify any of the procedures or other provisions of this Agreement. This form is not valid if the Author(s) add any additional constraints and/or amendments.
8. **INTEGRATION:** This Agreement embodies the entire agreement and understanding between the Authors and The Haworth Press, Inc. and supersedes all other agreements and understandings, whether oral or written.

(2003)
last updated 6/2005

© by The Haworth Press, Inc. All rights reserved. No part of this work may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying (except for the intended purpose if stated within the document), microfilm, recording or by any information storage and retrieval system, without permission in writing from the publisher.

Appendix 3 - Interview schedule for chapter 2

The research I am conducting is about fathers who disclose their homosexuality to their children. Why don't we start this interview by you telling me the story of how that happened...?

Why did you choose to disclose?

What other factors did you take into account when choosing to disclose?

- Positive and negative

What other things might have been going on in your life that influenced you to disclose?

What things might have made the disclosure easier?

What things might have made the disclosure difficult?

How did you go about disclosing?

What did you say to disclose?

What were the reactions to the disclosure?

- Positive and negative

What went through your mind during the disclosure?

How did the process of the disclosure make you feel?

What happened following the disclosure?

- Positive and negative

What effect did the disclosure have on your relationship with you child?

- Positive and negative

What effect did the disclosure have on your life?

- Positive and negative

What effect did the disclosure have on your child?

- Positive and negative

What effect did the people around you and your child have on the disclosure?

- Positive and negative

What kind of relationship do you currently have with your child?

How is your current relationship with your child influenced by the disclosure?

If you could sum up the experience of the disclosure in one word, what would it be?

What would you have done differently? Why?

Appendix 4 – Example of interview transcripts

Uni anyway, um, so it just felt right. It did feel right.

Interviewer: So you met your ex-wife and you had a conversation...

PT 2: A conversation....and decided that I would do it myself em, and we decided that

Interviewer: How did you come to that decision?

PT 2: It was sooner than later. My other daughter used to like to go to, was always like, stopping at friends houses, being the age she was at that time, sleepovers and what have you, eh, so we decided that the next time she was having a sleepover at her best friends, sort of like, always once a week they would come over to my house and she would go to theirs, um, I thought, right, the next time she's going there, that will be the time.

PT 2: So it was a fact that you had Emma on her own?

Interviewer: On her own and em, Jane knew about it, she made sure she was going to be in, she made sure that she could contact her there and then and the scene was set, that was it and, at the time, on the evening, I cooked food, chatted and kept putting it off, putting it off and going in and washing up and finding any excuse not to sit in the same room with her, cause I knew what I was going to have to do. Also I knew I'd got to do it, cause I knew my ex-wife was primed, not far away. So it was just a case of sat down and said 'Right Emma, can I have a serious word with you' I can't remember how I said it, I really can't, but 'I need to have a

chat with you, I need to have a chat with you and it concerns me and Roland'

Interviewer: So Emma knew who Roland was?

PT 2: Yes, she had been introduced to him. For a good while he was just this best mate of mine that used to come round to the house, and pick me up, and off we used to go. They thought for a drink or whatever. Em, and as soon as I said those words, she started to get upset, started, welled up and oh, well, that was it, I couldn't stop then and said, 'well, my best friend Roland, obviously from your reaction now, you know that he's more than a best friend. We're having a relationship. Your mum knows I'm telling you now' and 'what are you feelings'. And she absolutely broke her heart, sobbed and sobbed. And I said 'do you want me to get your mum and get her to come down' And her mum came down, put her arms round her and said 'look Emma, I knew this was going to happen, but your Dad's your dad and he loves you'. And I must admit she did say 'I know, I know, I'm just upset, and I just I'm upset, I've been told, not just leave me alone now' and she went back with her, with my ex-wife that night and stayed at her house and I didn't see her again for three days.

Interviewer: And so, when you were telling her, what was the sort of thoughts and feelings that were going through your mind?

PT 2: Oh, I, I hated myself. I felt I was such a let down to her. I just thought how can you do this to your children, em, I just, I just didn't like myself, at all. Didn't like myself at all, and I saw how upset she was, um, yeah, that was it really, just a bit of self-loathing, definitely. But that was sort of like, for the first few hours

afterwards, em, then the phone rang and it was my ex-wife and said 'How is she?', 'She's much better now, she's gone to bed, she's had a shower and she's gone to be' and she goes, 'we've had a chat with her as well' my ex-wife and her new partner as well, who I must say was supportive as well. Em, who also apparently took her to one side and said 'look you know, I'm with your mum now, but your dad's your dad, and your dad's the one who, you know, has kept everything together for you for the last six years' and that sort of thing and that was very supportive. And all she said was you know 'she's going to be fine, just leave her alone'. She did say apparently before she went to bed that that must have been awful for my dad as well, which made me feel a bit better at that point, but at that point I knew, yeah, it is going to be OK.

Interviewer: Yeah.

PT 2: So there were a few hours I just hated myself, but after the discussion with my ex-wife afterwards, I thought, yes, this is going to turn round.

Interviewer: So know she was going to be OK.....

PT 2: And that I still had the support of my ex-wife and also finding out that I had the support of my ex-wife's new partner as well, em, that did make a lot of difference, and I thought, Right, I can do this. So that was that.

Interviewer: That was the event.

PT 2: And then, she stayed away for a few days. I don't know actually the main reason why she didn't come back for three days, but I think she just, I think it was more my ex-wife wanted to be with

her, speak with her, keep an eye on her, get the stability, em and then, like I had my younger daughter with me cause she came back the next day, 'Where's Emma', 'Oh, she's stopping at her mums, she got something to do. Colin going to help her with the computer', they had a computer there see, I didn't and then 'she's got to get this in for her exams, so she's staying there for a few days', so that was fine.

Interviewer: So during that time that she staying with her mum, what was happening to you?

PT 2: I was at work, everyday things, working.

Interviewer: What were your thoughts and feeling about what had happened? About the relationship with Emma?

PT 2: Actually, the, I had contact with her. I can't remember the conversations with. All I do know it that I knew I wasn't going to lose her. The fact she rang me on my mobile about 24hrs afterward, and she pleasant and 'I'm going to stay here for a bit, em, 'I said, fine, whatever, whatever it takes' for you know, but obviously I reiterated that I love her.

Interviewer: But losing her was one the fears you had about it?

PT 2: Oh, yeah! Definitely, I don't, I mean, you know there are lots of things that you got to know, that I did realise, theres, ah, I mean, youngsters, there's peer pressure, they don't want to be different from their friends, they don't want to be as they think, the only one in the school that's got a gay dad and that sort of thing. Which it transpired later, much much later, that she wasn't. Em but I knew I wasn't going to lose her, that was the main thing, that I knew I

wasn't going to lose her. I also had to keep reiterating to her look, 'I am not going to suddenly start' I don't know what misconceptions she had, but I was trying to think of all the things she could possibly be thinking of. 'I'm not going to start wearing women's clothes, I'm not going to start being all limp wristed' it's probably what she thought em, and I wasn't going to have an entourage of gay men coming through the house, stopping over and lots of casual sex going on...cause that was just never going to happen, em, but I had to make her realise that deep down. She said 'oh, I don't want to hear about things like that', but I said 'you need to know, things are not going to change, I am not going to embarrass you in front of your friends. If you want to tell anyone', this is another thing, I said, 'if you don't want to tell anyone, that's fine, it's up to you if you want to tell anyone and who, but all I will say is, if you are going to tell friends and that, I'd make sure they are very good friends before you tell them', you know, that sort of thing.

Interviewer: Why did you say that?

PT 2: I don't know, but I got a feeling that she may have had some sort of comment from somebody about me, which is one reason why I think she started to put two and two together about my sexuality. She's never admitted that, but I have a feeling, cause I do know, cause obviously I used to go clubbing and stuff, I do know some of Emma's friends used to go to gay clubs, as girls, cause they felt safe, and I'm wondering whether I'd been seen, that she'd had some negative comments. She says not, but I think she did, I think she did perhaps. But she's not admitting that to me for my feelings I think. So I did

everything I could think of to try and put her mind at ease, I did. And I think it worked, because when she came home three days later, absolutely fine, absolutely fine, and used to say to her, I'd say 'I'm going to want Roland round here, but I will always tell you when he's coming. If you are uneasy with it, if you want to take up to your mums you can, I'm not saying you've got to be out of the way for when he's here because I would love you to interact with him as well. It didn't happen straight away, but later on it did. It was gradual process, I didn't pushed. Never ever pushed.

Interviewer: What's sort of happened to your relationship with Emma since you came out?

PT 2: It's less of father/daughter thing, it's I mean, there is always a father daughter thing, but it's, we're also quite good friends as well now.

Appendix 5 – Example of interview transcript with annotations

not, but I was just kidding myself, but I was. *Being honest with self*

Interviewer: So there was this double side of yourself that you didn't really like?

RA: I didn't like myself, but that was part of it. *Double being, double life*
The main part was I felt I had found the person that I wanted to be with and that was the main thing. That was the main thing. And it's worked out. *Opportunity was there, partner had been working on it, it had done a change. Could be coming up*

Interviewer: OK, so tell me now about actually coming out to your children. What was the lead up and what sort of happened?

RA: The lead up was the conversation with my ex-wife for start off, bearing in mind I knew I'd got her support, so then it was a case of we met, you know, because we had to talk about this properly *Bringing the process of disclosure into the process. Having the decision and then coming out to the children*

Interviewer: You and your ex-wife?

RA: Me and my ex-wife, because like, she well they are her children as well and she, if they're going to be upset, she wants to know when and where it's going to happen so that she could be available for support. So we then took the decision that it was going to be Kate first. *She was involved in the decision to tell. Shared right of decision. Communicating planning to ease the impact of the disclosure. Reaching a decision about who to tell*

Interviewer: How did you come to that decision?

RA: Because Kate had half guessed anyway and had started quizzing her mum and me. She had started 'mum, when he goes out, I don't where he's going, but he's not going where he says he is. Do you know anything about it. Is there something I should know'. So I think she half guessed, so it was a case of I needed to tell her because I didn't want her to investigate any further and find out for definite herself. Wanted to be the one to tell her. *Reason for disclosure. Fear of being exposed. Daughter knew something something was not quite right. Looking to know what was on. Knowledge of impending revelation. A need to be honest and drive fear of being exposed. More important to be honest than be found out. Self disclosure better*

Interviewer: Sure

Moving from deception to honesty

Process leading to disclosure - being in a position to tell

Making a plan

Process leading to disclosure - a more subtle to tell

Process leading to disclosure - moving from deception to honesty

Appendix 6 – Example of emergent themes list

Participant No	Emergent Theme
2	Process to reach self acceptance
	Starting out as gay
	Meeting new male partner
	Process leading to disclosure
	Being in a position to tell
	Weighing up for and against
	Foretelling the disclosure
	Making a plan: what to say; who to; setting the scene; timing
	Fear of being exposed
	Disclosing to move on; live life freely
	Not being able to move on through fear
	Moving from deception to honesty; deception; guilt; trust
	Role of support
	The disclosure: opening the conversation; revealing the deception; receiving feedback; calling in support; ending the disclosure
	Assimilation period for child
	Effects of disclosure on self; self loathing
	Need to return to normal
	Wanting reassurance
	What others might think
	Changes in behaviour
	Dispelling misconceptions and assumptions
	Keeping control of information
	Change in relationships
	Desire for unity
	Parent/child line
	Life before the disclosure
	Life following the disclosure
	Normalising effects of friends
	Suspicion
	Knowing and responding to child's' needs
	Understanding long term effects of disclosure
	Effect of peers
	Coping
	Effect of mother
	Protecting against negative consequences
	Regret and hindsight
	Getting back to normal

4	Precipitating factors
	Intervening period
	Need for honesty
	3 rd party disclosure
	Perceiving from child's view
	Deciding to tell
	Responsive to child
	Process of separation from wife
	Pre disclosure relationship
	Responsibility to disclose
	External influencing factors
	Homosexuality and religion
	Inside/outside congruence
	Wrong assumptions
	Fear of rejection
	Protective factors
	Socio-historical beliefs
	Religion
	When to tell; timing the disclosure
	Immediate factors for disclosing
	Information control
	Getting used to separation
	Inevitability of disclosure
	Planning the disclosure: rehearsal; prep talk; unveiling deception; context; building conversation; making space; reducing emotive cues
	What others might think
	Coping
	Child's reactions
	Traumatic experience
	Being a let down
	Losing social network
	Unstoppable process
	Importance of significant others
	Child worried about father
	Misperceptions of being gay
	Freedom
	Readjustment
	Managing children's questions
	Family relationship continuance

Appendix 7 – Example of how emergent themes were clustered to become superordinate themes – chapter 2

Participant No	Superordinate Theme	Emergent Theme
2	Self realisation	Process to reach self acceptance
		Starting out as gay
		Meeting a new male partner
	Self to surface authenticity	Disclosing to move on
		Fear of rejection
		Self to surface authenticity
		Trust
		Deception
		Guilt
		Live life freely
		Double life
		Hiding from self
	Process of disclosure	Weighing up for and against
		Foretelling the disclosure
		Planning: what to say; who to; setting the scene; timing; contingency plans.
		Telling: being in a position to tell; opening the conversation; revealing the deception; receiving feedback; calling in support
	Effect on child	Assimilation
		What others might think
		Normalising effect of friends
		Suspicion
		Coping
	Effect on dad	Uncertainty
		Self loathing
		Wanting reassurance
		Need to return to normal
		Desire for unity

		Regret
	Father/child relationship	Parent/child line
		Dispelling misconceptions
		Unchanging role of dad
		Openness
		Friends

Appendix 8 – Evidence of research ethics committee approval

SL5 Favourable opinion at first review
Version 2, October 2004



Warwickshire Local Research Ethics Committee

Recognised by COREC to review Type 2 MREC Applications

Lewes House
George Eliot Hospital
College Street
Nuneaton
Warwickshire
CV10 7DJ

06 April 2005

Mr Kenneth M McFadyen
Trainee Clinical Psychologist
Herefordshire PCT
27a St. Owens Street
Hereford
HR1 2JB

Tel: 02476 865244
Fax: 02476 865264
pat.horwell@geh.nhs.uk

Dear Mr McFadyen

Full title of study: *An investigation from the father's perspective on the effects of disclosure of his homosexuality on the father/child relationship.*

REC reference number: 05/Q2803/27

Protocol number:

The Research Ethics Committee reviewed the above application at the meeting held on 30 March 2005.

Ethical opinion

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation.

"No local investigator" status

The Committee agreed with your declaration that this is a "no local investigator" study. Site-specific assessment is not required for sites involved in the research and no information about the study needs to be submitted to Local Research Ethics Committees. However, you should arrange for the R&D Departments of all relevant NHS care organisations to be notified that the research will be taking place before the research commences.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The documents reviewed and approved at the meeting were:

Document Type:	Version:	Dated:	Date Received:
Application	1	28/02/2005	08/03/2005
Investigator CV	1	04/03/2005	08/03/2005
Protocol	1	28/11/2004	08/03/2005
Covering Letter			08/03/2005

Peer Review		28/01/2005	08/03/2005
Participant Information Sheet	1	04/03/2005	08/03/2005
Participant Information Sheet	1	04/03/2005	08/03/2005
Participant Consent Form	1	04/03/2005	08/03/2005
Participant Consent Form	1	04/03/2005	08/03/2005
Other			08/03/2005
Other		20/01/2005	08/03/2005

Management approval

You should arrange for all relevant NHS care organisations to be notified that the research will be taking place, and provide a copy of the REC application, the protocol and this letter.

All researchers and research collaborators who will be participating in the research at a NHS site must obtain management approval from the relevant care organisation before commencing any research procedures. Where a substantive contract is not held with the care organisation, it may be necessary for an honorary contract to be issued before approval for the research can be given.

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

Notification of other bodies

The Committee Administrator will notify the research sponsor that the study has a favourable ethical opinion.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

05/Q2803/27	Please quote this number on all correspondence
-------------	--

With the Committee's best wishes for the success of this project,

Yours sincerely,



Paul Hamilton
Chair

Enclosures

*List of names and professions of members who were present at the meeting and those who submitted written comments
Standard approval conditions*

Appendix 9 – Participants Information Leaflet – Chapter 2

Programme Director
Doctorate Course in Clinical Psychology
Dr Della Cussey
BA (Hons) MSc PhD AFBPS CPsychol (Clin Foren)
School of Health and Social Sciences
Coventry University
Priory Street, Coventry, CV1 5FB
Telephone 024 7688 8478
Fax 024 7688 8300



Covered

Participant Information Sheet

Yours

An investigation from the father's perspective on the disclosure of his homosexuality to his children.

You are being invited to take part in this research study. Before you decide whether to participate, it is important to explain why the study is being carried out and what it involves. Please take the time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear, or you would like to have more information.

Title:

An investigation from the father's perspective on the disclosure of his homosexuality to his children.

Who is carrying out the study?

The study is being carried out by Ken McFadyen (02476 888 300), who is a Trainee Clinical Psychologist on the Universities of Coventry and Warwick Doctoral Program in Clinical Psychology. Ken is being supervised by a member of staff from Coventry University and one Clinical Psychologist working within the Child and Adolescent Mental Health Services.

What is the aim of the study?

The aim of this current study is to ascertain what are the involved for fathers who are homosexual when the father 'comes out' to his children; and to explore the perceived implications of this on the father/child relationship.

Why have I been chosen?

You are being invited to take part because you are a gay father and you have 'come out' to your children. Before it was agreed that you could be approached to take part in this study, an NHS Ethics committee reviewed this study.

Do I have to take part?

If you decide to take part, you will be asked to sign a piece of paper to show that you understand and agree to the conditions of the study. Even if you decide to take part now, you are still free to withdraw at any time and do not have to give a reason for your decision. There will be no adverse impact by deciding not to take part in this study.

What does the research involve?

The research project will last until the summer of 2006. All information from this study will be completely confidential. People who agree to participate will be invited to be 'interviewed' by the researcher. This means that the researcher will ask you questions about when you 'came out' to your children.

What do I have to do?

During the research interview, you will be asked questions about what the factors around the time that you 'came out' to your children. Although it will be helpful to answer the questions as fully as possible, you only need to give as much information as you are happy to. The interview should last for roughly one hour and you will only be interviewed once. The interview will be recorded on a voice recorder. You are free to stop the interview at any time and do not have to give a reason for this.

What are the possible disadvantages of taking part?

This study does not involve the use of medication/interventions and is only interested in your own personal experiences. In the unlikely event that you become upset when being interviewed, you are free to stop the interview at any time. You can discuss the reason for being upset with the researcher. If you feel you would

like to talk to someone further, you contact your local Gay & Lesbian switchboard who can put you in touch with further support.

What are the possible advantages of taking part?

Some people find it useful to talk to others about experiences in their lives that they have found difficult. Information that you share during the interview may go on to help other people.

Will my taking part be confidential?

Although the results of this study may be published in a psychology journal, all information will be anonymous and it will not be possible to identify anyone who has taken part from these results.

What happens to the information?

All information is strictly confidential. Your name will not appear on any information available to anyone other than the researcher. When the interview is over, the recording will be transferred to a PC and the voice-recording file will be password protected. Only the researcher will know the password. The researcher will transcribe the voice recording to a word-processed document. At this point, any information, such as names, which could be used to identify you, will be removed. The word-processed document will also be password protected. At the end of the study, all voice recordings will be erased. Transcriptions that have been made anonymous will be stored in locked filing cabinet within the University.

What will happen to the transcripts of the research study?

The study is part of a Doctorate of Clinical Psychology. The transcripts will be analysed and written up as a part of a thesis which may be published in a professional psychology journal. If you would like a copy of the results of this study, please indicate so on the consent form.

What do I do if I wish to make a complaint?

If you have a complaint about the conduct or the content of this research you may contact the researcher, the research supervisors, or Professor Delia Cushaway, Course Director, Doctoral Programme in Clinical Psychology, Coventry University (02476888328). As an NHS Ethics committee has passed this research, you may also make a complaint through the NHS.

Contact for further information:

Researcher: Ken McFadyen
Doctoral Programme in Clinical Psychology
Coventry University
Priory Street
Coventry
CV1 5FB 02476 888328

Research Supervisors:

Dr David Giles	Jackie Knibbs
Department of Psychology	Doctoral Programme in Clinical Psychology
University of Coventry	University of Coventry
Priory Street	Priory Street
Coventry	Coventry
CV1 5FB	CV1 5FB

Participation involves

- I have read and understand the information sheet about the study
- I understand that if I have any questions about the research I can ask them before, during and after taking part
- I understand that my participation is voluntary and that I am free to withdraw at any time, without reason or adverse effects to me
- I agree to take part in the above study

Appendix 10 – Consent Form – Chapter 2

Programme Director
Doctorate Course in Clinical Psychology
Dr Della Cussey
BA (Hons) MSc PhD AFBPS CPsycho (Clin Foren)
School of Health and Social Sciences
Coventry University
Priory Street, Coventry CV1 5TA
Telephone 024 7668 8328
Fax 024 7668 8300



Quoted

Quoted

An investigation from the father's perspective on the disclosure of
his homosexuality to his children.

Consent Form

I have signed this form to show that I agree to take part in this research project. By signing this I also agree that the results of this study can be published, but understand that no one will be able to identify any person who has taken part in this research.

I also confirm that:

- I have read the Participant Information Leaflet
- I understand the aims of this research
- I understand that taking part will involve being interviewed
- I understand that the interview will be voice-recorded
- I understand that voice-recordings will be transcribed and that these transcriptions will be held in a locked filing cabinet at the University of Coventry.
- I understand that taking part will involve recollecting an event in my life that may have been negative
- I understand that this study is strictly confidential and that I can withdraw from the study at time with reason.

Name of Participant:.....

Date:.....

Signature:.....

Date:.....

Name of Researcher:..... Date:.....

Signature:..... Date:.....

Check this box if you would like a copy of the results of this study: ☐

Appendix 11 - Interview Schedule for chapter 3

Tell me about how you came to donate sperm to a lesbian friend.....

What factors influenced your decision to agree to donate?

- To what extent did being a gay man influence your decision?
- To what extent did you being a gay man influence your friend?
- To what extent did your friend being a lesbian influence your decision?

At the time of donation, what was the agreement related to parenting roles and responsibilities?

- How much say did you have in this decision?

What was the agreement about disclosure of your identity?

- How much say did you have in this decision?
- What thoughts did you have about this at the time?

Tell me what happened around the time when the child was born.....

How much time have you spent thinking about the child since the child was born?

- What types of things have you thought about?

How much contact have you had with the child since the child was born?

- How much contact have you had with your friend (the child's mother) since the child was born?
- Was this part of the agreement?

Tell me about being contacted by the child recently.....

What is the nature of your current relationship the child?

What is the nature of your relationship with the child's mother(s)?

From your perspective, to what extent has being born via Donor Insemination had on the child?

From your perspective, to what extent has you being a gay man had on the child?

To what extent has you being a gay man had on the current relationship you have with the child?

Who have you told about being a sperm donor?

- Past partners?
- Current partner?

- Future partner?

Have you told your own family that you have a child via Donor Insemination?

- What was their reactions?
- To what extent did you being gay factor into their reactions?
- To what extent did the recipient being a lesbian factor into their reactions?

What would you do differently given the same request again?

Appendix 12 - Example of interview transcript – Chapter 3

with a lot of shame about that, so I'm still an aspect of shame in their lives, but yes, so I think there was driving forces about me wanting to have children about where that kind of led me and stuff.

Ken: Hmmm, so, to what extent did being a gay man have on your decision?

J: Em, I suppose there are a lot more conversations than there would normally be if I had been a straight man I suppose. I suppose in any kind of donor insemination there would have been quite a lot of conversations between friends that I think is quite rare for straight men to donate sperm to lesbians unless they are a brother of one of the lesbians involved, or a relative or something, um, so I suppose the factor of me actually being a gay man was that we probably discussed things a lot more, not only about the implications for us, but also for our children as well, that if we had any, um.

Ken: What sort of implications did you have in mind at the time?

J: I suppose kind of things like, you know, what would our families say?, Um, it was very much a time 10/12 years ago where lesbians were having their children taken away from them and Children and Families teams were still kind of, you know, seeing it as a risk factor, um so there was a whole kind of issue about that and it was I think also about exactly what my role was going to be and about, um would the child take my surname, would it take her surname, it was quite a short conversation really because it was going to take her surname and stuff, but it was all about the practicalities as well, about HIV and AIDS and about me and making sure I was properly tested and, um her expectations about what I'd abstain from sexually during the period of donation, um, and what I'd actually put in place to make sure that after the tests had been done that she would be safe, so there was a whole issue of sexual health that was discussed. Because of my sexuality I think.

Ken: I wonder how much of that would have been discussed if you were heterosexual?

J: I don't think that much really would have been, I think there would have been a test, but I don't think there would have been, you know the sexual health tests, but I don't think there would have been necessarily as much of a need for her to safeguard her sexual health and stuff.

Ken: I guess the sense that I'm getting from you is that were really quite keen to have a child, a biological child of your own. Being a gay man, obviously your opportunities for that may have been limited at the time, was that a factor that you took into consideration?

J: Yeah, definitely, there's part of me that on reflection would wonder would I have donated in that way now, now that I know that I have more opportunities and stuff, um and it kind of a very strange situation in the sense of once I had actually donated and people, other lesbian friends knew that I have donated I had a lot more offers to donate. And I did actually engage with one or two other friends about the possibility of eh, of eh parenting a child with them. But it never came to fruition. It was usually me who actually withdrew after probably quite lengthy discussions and stuff.

Ken: I would like to ask you maybe about that a bit later if that's OK?

J: Yeah, that's fine, that's fine.

Ken: Em, so at the time of the donation then you had, eh, what was the agreement related to your roles and responsibilities about the parenting, I know we've touched on it briefly already.

J: Em, the agreement was that I wouldn't actually have any role at all, that eh, I kind of felt that it was important that I would quite like to have seen what he looked like and to get a photograph and stuff, to know how he was doing and stuff, um, but basically I didn't really have any role at all. It was her role to make decisions about schooling and about locations and about residence and about all those kind of things and I

kind of agreed that, and part of that was because I didn't feel I had many opportunities, so I was kind of ...whatever, to get that kind of donation.

Ken: So, em, I guess you've already answered this question already, but how much say did you have in the decision about your parenting, and how much you would be involved?

J: Um, I was able to negotiate certain things about, in the sense of I kind of explained that because of my own adoption and stuff about how important it was for him to be able to trace me as a birth father, if he wanted to and she kind of agreed to that, and just about general staying in contact, we didn't actually stay in contact for the first 9 years. After the birth of the child I didn't actually see her again for 9 years.

Ken: That was after the donation or after the birth?

J: After, after the donation actually. I didn't see her being pregnant. We just kind of lost contact for a whole variety of reasons. I think it was her, her withdrawing, to safeguard, you know what she wanted, but I think I was also about us both being quite disorganised.

Ken: And what from your perspective do you think she was safeguarding?

J: Um I suppose concerns about if I saw the child and actually was actually kind of involved and that I would start to encroach slowly upon the space that she was trying to protect.

Ken: Right

J: So I think it was for her safeguarding my non-involvement or my agreed non-involvement at this time.

Ken: OK, when you were going through the process of donating, or deciding to donate the sperm, what was the, again, you have touched on this already,

but what was the agreement about disclosure of your identity and how much say did you have in that?

J: Um, well, I basically just gave her carte blanche and said eh, that it was fine, just disclose it whenever, however, and she had sort of details, she took details and notes and stuff so that she could answer questions. But I was never referred to as the birth father, I was always referred to as the donor. So I didn't have any kind of father role at all, even as the birth father I had a donor role, em, so if he ever asked about his donor then she would be able to say. But I basically said it was fine to say whatever, whenever, and when he wants to get in touch.

Ken: And you were quite happy with that agreement at the time?

J: Yeah, yeah, yeah.

Ken: can I just ask, for information really, did this friend of yours have a partner at the time?

J: She had a, a yes, she kind of had a partner, it wasn't a firm living together relationship it was a, it was a very em, I don't know how to describe it really, yeah, it was a lover I suppose, probably better word to describe it.

Ken: I guess what I'm getting to is that this is a decision that she took independently?

J: Yeah, yeah, it was just her.

Ken: And did you have a partner at the time?

J: Yes I did.

Ken: And what sort of conversation did you have with your partner about it?

J: Um, we hadn't been going out that long and stuff, so I basically said this was something I was going to do and that was really kind of our conversation. Later on when I had actually had a partner who I have lived for a couple, quite a few years and stuff, and I was

Appendix 13 – Participant Information Leaflet – Chapter 3

Programme Director
Doctorate Course in Clinical Psychology
Dr De la Cushman
BA (Hons); MSc PhD AFBPS CPsychol (Clin Psychol)
School of Health and Social Sciences
Coventry University
Priory Street, Coventry, CV 5 8B
Telephone 024 7686 8328
Fax 024 7686 8300



Participant Information Sheet

A gay man's experience of being a father via semen donation

You are being invited to take part in a research study. Before you decide where to participate, it is important to explain why the study is being carried out and what it involves. Please take the time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear, or you would like to have more information about.

Title:

A gay man's experience of being a father via semen donation.

Who is carrying out the study?

The study is being carried out by Ken McFadyen (02476 888 300), who is a Trainee Clinical Psychologist on the Universities of Coventry and Warwick Doctoral Programme in Clinical Psychology. Ken is being supervised by a member of staff from Coventry University and one Clinical Psychologist working within the Child and Adolescent Mental Health Services.

What is the aim of the study?

The aim of the study is ascertain themes relating to sperm donation and fathering among gay men who donate sperm to lesbian friends.

Why have I been chosen?

You are being invited to take part because you have donated sperm to a friend who is lesbian. Before it was agreed that you could be approached to take part in this study, an NHS Ethics committee reviewed this study.

Do I have to take part?

If you decide to take part, you will be asked to sign a piece of paper to show that you understand and agree to the conditions of the study. Even if you decide to take part now, you are still free to withdraw at any time and do not have to give a reason for your decision. There will be no adverse impact by deciding not to take part in this study.

What does the research involve?

The research project will last until the summer of 2006. All information from this study will be completely confidential. People who agree to participate will be invited to be 'interviewed' by the researcher. This means that the researcher will ask you questions about when you donated sperm to your friend.

What do I have to do?

During the research interview, you will be asked questions about what your thoughts and feelings were around the time that you donated sperm to your friend. Although it will be helpful to answer the questions as fully as possible, you only need to give as much information as you are happy to. The interview should last for roughly one hour and you will only be interviewed once. The interview will be recorded on a voice recorder. You are free to stop the interview at any time and do not have to give a reason for this.

What are the possible disadvantages of taking part?

This study does not involve the use of medication/interventions and is only interested in your own personal experiences. In the unlikely event that you become upset when being interviewed, you are free to stop the interview at any time. You can discuss the reason for being upset with the researcher. If you feel you would like to talk to someone further, you should contact your local Gay & Lesbian switchboard who can put you in touch with further support.

What are the possible advantages of taking part?

Some people find it useful to talk to others about experiences in their lives that they have found difficult. Information that you share during the interview may go on to help other people.

Will my taking part be confidential?

Although the results of this study may be published in a psychology journal, all information will be anonymous and it will not be possible to identify anyone who has taken part from these results.

What happens to the information?

All information is strictly confidential. Your name will not appear on any information available to anyone other than the researcher. When the interview is over, the recording will be transferred to a PC and the voice-recorded file will be password protected. Only the researcher will know the password. The researcher will transcribe the voice recording to a word-processed document. At this point, any information, such as names, which could be used to identify you, will be removed. The word-processed document will also be password protected. At the end of the study, all voice recordings will be erased. Transcriptions that have been made anonymous will be stored in a locked filing cabinet within the University.

What will happen to the transcripts of the research study?

The study is part of a Doctorate of Clinical Psychology. The transcripts will be analysed and written up as a part of a thesis which may be published in a professional psychology journal. If you would like a copy of the results of this study, please indicate so on the consent form.

What do I do if I wish to make a complaint?

If you have a complaint about the conduct or the content of this research you may contact the researcher, the research supervisors, or Professor Delia Cushaway, Course Director, Doctoral Programme in Clinical Psychology, Coventry University

(02476888328). As an NHS Ethics committee has passed this research, you may also make complain through the NHS.

Contact for further information:

Researcher: Ken McFadyen
Doctoral Programme in Clinical Psychology
Coventry University
Priory Street
Coventry
CV1 5FB 02476 888328

Research Supervisors:

Dr David Giles	Jackie Knibbs
Department of Psychology	Doctoral Programme in Clinical Psychology
University of Coventry	University of Coventry
Priory Street	Priory Street
Coventry	Coventry
CV1 5FB	CV1 5FB

Participation involves

- I have read and understand the information sheet about the study
- I understand that if I have any questions about the research I can ask them before, during and after taking part
- I understand that my participation is voluntary and that I am free to withdraw at any time, without reason or adverse effects to me
- I agree to take part in the above study

Appendix 14 – Consent Form – Chapter 3

Programme Director
Doctorate Course in Clinical Psychology
Dr Delia Cussey
BA (Hons) MSc PhD AFBPS CPsychol (Clin Foren)
School of Health and Social Sciences
Coventry University
Priory Street, Coventry, CV3 9EF
Telephone 024 7668 8338
Fax 024 7668 8103



Quoted

Yours

A gay man's experience of being a father via semen donation
Date

Consent Form

I have signed this form to show that I agree to take part in this research project. By signing this I also agree that the results of this study can be published, but understand that no one will be able to identify any person who has taken part in this research.

I also confirm that:

- I have read the Participant Information Leaflet
- I understand the aims of this research
- I understand that taking part will involve being interviewed
- I understand that the interview will be voice-recorded
- I understand that voice-recordings will be transcribed and that these transcriptions will be held in a locked filing cabinet at the University of Coventry.
- I understand that taking part will involve recollecting an event in my life that may have been negative
- I understand that this study is strictly confidential and that I can withdraw from the study at time with reason.

Name of Participant:.....

Date:.....

Signature:.....

Date:.....

Name of Researcher:..... Date:.....

Signature:..... Date:.....

Check this box if you like the results of this study: ☐